Gift of Life
2020 Scholarship

Purpose:
To provide financial assistance to (1) graduating high school student planning to pursue a career in the field of nursing and who should be the son/daughter of a Montefiore St. Luke’s Cornwall employee or an active Montefiore St. Luke’s Cornwall volunteer.

Amount of Scholarship:
(1) $3,000 scholarships

Eligibility Requirements:
• Candidate should be the son/daughter of a St. Luke’s Cornwall employee or active Montefiore St. Luke’s Cornwall volunteer.
• Candidate must plan to pursue a career in the field of nursing.
• Acceptance, by date of this application submission, to an accredited four-year college.
• Completed application submitted by the deadline.

Application Materials:
1. Application filled out completely
2. Essay, no more than 500 words, explaining why you wish to pursue a career in nursing; which is to include matriculation date and graduation goal.
3. Two (2) letters of recommendation.
4. Completed Guidance Counselor form
5. Proof of nursing college acceptance

Application materials must be submitted or post-marked by May 29, 2020.
Please send to:
St. Luke’s Cornwall Health System Foundation
70 Dubois Street
Newburgh, NY 12550
or
Foundation@montefioreslc.org

For further information, please contact St. Luke’s Cornwall Health System Foundation at (845) 568-2580 or Foundation@montefioreslc.org.
Gift of Life
2020 Scholarship
STUDENT APPLICATION FORM
(To be completed by student – please print clearly or type)

1. PERSONAL INFORMATION:
   A. Name (Last, First, Middle)
   B. Address
   C. Telephone
   D. E-mail Address
   E. Date of Birth
   F. Mother’s Name
       Occupation
   G. Father’s Name
       Occupation
   H. Guardian’s Name

2. SCHOOL INFORMATION:
   A. Name of High School
   B. Name of Principal
   C. Telephone Number
   D. Address
   E. Anticipated Date of Graduation

3. CAREER PLANS:
   A. Name of college you plan to attend
   B. Address
   C. Have you been accepted?
   D. Why have you chosen this college?
   E. What health career do you plan to follow?
   F. What are your plans for achieving your career goal?

4. ACTIVITIES:
   A. Have you been active as a hospital volunteer?
      1. Location (Newburgh, Cornwall or Offsite)
      2. Department(s) where you volunteered
B. Briefly describe your experience(s) in your community or school – be specific about the positions held, your responsibilities and what you learned.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

C. Have you been employed during the last two years? 

If yes, name of employer(s), position and length of time

________________________________________________________________________

________________________________________________________________________

D. Briefly describe your other extracurricular activities during the past two years.

________________________________________________________________________

________________________________________________________________________

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________________________________________________________________________

5. ESSAY:

Please attach an essay no more than 500 words double-spaced typed pages, explaining why you wish to pursue a career in nursing; which is to include matriculation date and graduation goal. Give any information that will aid the selection committee in evaluating your application. Content, grammar, and spelling will all weigh heavily on your selection.

6. RECOMMENDATIONS:

Please submit two (2) letters of recommendation with the application form. Letters may be submitted from your teachers, principal, clergy, employers, etc. (letters from relatives are not acceptable).

7. GUIDANCE COUNSELOR FORM:

Please have your guidance counselor fill out the Guidance Counselor Application form and return all of the above to the St. Luke’s Cornwall Health System Foundation Office.
TO BE COMPLETED BY HIGH SCHOOL GUIDANCE COUNSELOR

1. Name of Applicant__________________________________________________________

2. Candidate entered ______________ in ______________ and will graduate on ____________

3. Describe courses pursued by applicant at your school_______________________________________
   ___________________________________________________________________________________
   ___________________________________________________________________________________

4. Leadership Influence: 8. Personality:
   ____ Strong  ____ Exceptional
   ____ Average  ____ Pleasing
   ____ Weak  ____ Neutral
   ____ Negligible  ____ Displeasing

   ____ Accepts fully  ____ Exceptional
   ____ Partially accepts  ____ Above average
   ____ Sometimes refuses  ____ Average
   ____ Usually refuses  ____ Negligible

6. Personal Initiative: 10. Academic Promise:
   ____ Self-starter  ____ Excellent
   ____ Responds to prodding  ____ Average
   ____ Needs to be pushed  ____ Fair
   ____ Negligible  ____ Poor

7. Maturity:
   ____ Superior
   ____ Good
   ____ Average
   ____ Immature

11. Describe applicant’s major strengths and weaknesses_____________________________________
    ___________________________________________________________________________________
    ___________________________________________________________________________________

12. SAT or ACT Score(s)_________________________ Class rank if available________________

Signature___________________________________________ Date__________________________

Printed name and title_______________________________________________________________