St. Luke’s Cornwall Auxiliary
2020 Scholarship

This scholarship is made possible by the generosity of the St. Luke’s Cornwall Auxiliary.

Purpose:
To provide financial assistance to (2) graduating high school students planning to pursue a career in a health-related field and who are the son/daughter of a Montefiore St. Luke’s Cornwall employee or an active Montefiore St. Luke’s Cornwall volunteer.

Amount of Scholarship:
(2) $1,000 scholarships

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

Application Materials:
1. Application filled out completely
2. Essay, no more than 300 words, explaining why you wish to pursue a career in the medical field.
3. Two (2) letters of recommendation.
4. Completed Guidance Counselor form
5. Proof of 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.
St. Luke’s Cornwall Auxiliary  
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. _________
   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________

5. ESSAY:
   Please attach an essay, no more than 300 words double-spaced typed pages, explaining why you want to pursue a career in the medical field, including your career aspirations and influences that helped you reach your decision. Give any information that will aid the selection committee in evaluating your application, including number of children in your family and ages, any available resources for college tuition, etc. The 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:
   _____ Strong
   _____ Average
   _____ Weak
   _____ Negligible

5. Personal Responsibility:
   _____ Accepts fully
   _____ Partially accepts
   _____ Sometimes refuses
   _____ Usually refuses

6. Personal Initiative:
   _____ Self-starter
   _____ Responds to prodding
   _____ Needs to be pushed
   _____ Negligible

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

8. Personality:
   _____ Exceptional
   _____ Pleasing
   _____ Neutral
   _____ Displeasing

9. Contribution to School Life:
   _____ Exceptional
   _____ Above average
   _____ Average
   _____ Negligible

10. Academic Promise:
    _____ Excellent
    _____ Average
    _____ Fair
    _____ Poor

11. Describe applicant’s major strengths and weaknesses________________________________
______________________________________________________________________________

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

Signature___________________________________________ Date__________________________

Printed name and title_____________________________________________________________