

## Albert M. Berkelhamer 2021 Memorial Scholarship

*We are pleased to make this scholarship possible through the generosity of the family and friends of Albert M. Berkelhamer.*

### **Purpose:**

**To provide financial assistance to (1) graduating high school student who has completed 50 hours of volunteer service at Montefiore St. Luke's Cornwall and has demonstrated scholastic achievement.**

### **Amount of Scholarship:**

(1) \$1,000 scholarship

### **Eligibility Requirements:**

- Candidate must have completed, by date of this application, 50 hours of volunteer service at Montefiore St. Luke's Cornwall.
- Proven acceptance, by the date of this application, to an accredited two or four-year college.
- Must demonstrate scholastic achievement showing a GPA of 85 or higher.
- Completed application submitted by the deadline.

### **Application Materials:**

- Application filled out completely (*incomplete application will not be considered*)
- A signed letter from either the Montefiore St. Luke's Cornwall Human Resource department or from a representative within the department where the volunteer hours were completed. Letter must state the number of volunteer hours and the time frame in which they were completed.
- Essay, no more than 500 words on why you believe volunteerism and community service are important to you. ***Please see four questions on page three.***
- Two (2) letters of recommendation (excluding family members)
- Completed Guidance Counselor form
- High School transcript verifying GPA of 85 or better
- Proof of college acceptance, to include college student account number.

***All application materials must be submitted or post-marked by April 12, 2021.***

*Please send to:*

St. Luke's Cornwall Health System Foundation  
70 Dubois Street, 3<sup>rd</sup> Floor, Newburgh, NY 12550  
Or email to: [Foundation@montefioreslc.org](mailto:Foundation@montefioreslc.org)

**For further information**, please contact St. Luke's Cornwall Health System Foundation  
At (845) 568-2478 or [Foundation@montefioreslc.org](mailto:Foundation@montefioreslc.org).

**Albert M. Berkelhamer**  
**2021 Memorial 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/trade school you plan to attend \_\_\_\_\_
- B. Address \_\_\_\_\_
- C. Have you been accepted? \_\_\_\_\_
- D. Why have you chosen this college/trade school? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 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: YOU MUST FULLY ADDRESS ALL FOUR SECTION IN A CLEAR AND CONCISE MANNER.

In essay form, please explain the following in 500 words or less:

1. Why do you believe volunteerism and community service are important?
2. Describe your volunteer experience at Montefiore St. Luke's Cornwall and how that experience will benefit you in the future?
3. Why is receiving this scholarship important to you?
4. What are our goals for the future?

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.

Please return this form by April 12, 2021 to:  
St. Luke's Cornwall Health System Foundation  
70 Dubois Street, 3<sup>rd</sup> Floor, Newburgh, NY 12550  
or email to: Foundation@montefioreslc.org

**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

8. Personality:

- Exceptional  
 Pleasing  
 Neutral  
 Displeasing

5. Personal Responsibility:

- Accepts fully  
 Partially accepts  
 Sometimes refuses  
 Usually refuses

9. Contribution to School Life:

- Exceptional  
 Above average  
 Average  
 Negligible

6. Personal Initiative:

- Self-starter  
 Responds to prodding  
 Needs to be pushed  
 Negligible

10. Academic Promise:

- Excellent  
 Average  
 Fair  
 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 \_\_\_\_\_

Counselor's printed name & title \_\_\_\_\_

School address \_\_\_\_\_ Counselor's email \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_