Albert M. Berkelhamer
2024 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, 300-500 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 May 1, 2024.

Please send to:
St. Luke’s Cornwall Health System Foundation
70 Dubois Street, Newburgh, NY 12550 Or email to: Foundation@montefioreslc.org

For further information, please contact St. Luke’s Cornwall Health System Foundation At (845) 568-2580 or Foundation@montefioreslc.org.
Albert M. Berkelhamer  
2024 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 300-500 words:
   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 your 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.
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__________________

Counselor’s printed name & title__________________________________________________________

School address______________________________________ Counselor’s email__________

Signature___________________________________________ Date__________________________

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