Dean D. Purdy
2024 Memorial Scholarship

We are pleased to make this scholarship possible through the generosity of the family and friends of Dean D. Purdy.

**Purpose:**
To provide financial assistance to (1) graduating high school student planning to pursue further education.

**Amount of Scholarship:**
(1) $1,000 scholarship

**Eligibility Requirements:**
- Proven acceptance to an accredited two or four-year college, trade training program or one of the armed forces.
- Proven academic achievement with a grade point average of 85 or better.
- Description of participation in community service projects or programs.
- Completed application submitted by the deadline.

**Application Materials:**
- Application filled out completely *(incomplete applications will not be considered)*
- Essay between 300 - 500 words explaining your educational goals
- Two (2) letters of recommendation (excluding family members)
- Completed Guidance Counselor form
- High School transcript verifying GPA of 85 or better
- Proof of college/trade training program/armed forces 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: Foundation@montefioreslc.org

*For further information,* please contact St. Luke’s Cornwall Health System Foundation at (845) 568-2580 or Foundation@montefioreslc.org.

Dean D. Purdy Memorial Scholarship
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 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 between 300 - 500 words double-spaced typed pages, explaining your educational goals. 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:  
   _____ 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________________________

Dean D. Purdy

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