



# Dr. Ernest G. Stillman 2020 Memorial Scholarship

### **Purpose:**

To provide financial assistance to (1) graduating high school student planning to pursue a career in the medical field.

### **Amount of Scholarship:**

(1) \$1,000 scholarship

## **Eligibility Requirements:**

- Candidate must plan to pursue a career in the medical field.
- Proven acceptance to a two or four-year college or trade training program.
- 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:**

- 1. Application filled out completely
- 2. Essay between 300 and 500 words explaining your goals in pursuing a medical career.
- 3. Two (2) letters of recommendation (excluding family members)
- 4. Completed Guidance Counselor form
- 5. High School transcript verifying GPA of 85 or better
- 6. Proof of college/trade training program acceptance

### Application materials must be submitted or post-marked by April 1, 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.





# Dr. Ernest G. Stillman 2020 Memorial Scholarship STUDENT APPLICATION FORM

(To be completed by student – please print clearly or type)

1. PERSO	NAL 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
	OL INFORMATION:
A.	Name of High School
B.	Name of Principal
	Telephone Number
D.	Address
E.	Anticipated Date of Graduation
3. CAREE	R PLANS:
A.	Name of college/trade school you plan to attend
	Address
	Have you been accepted?
	Why have you chosen this college/trade school?
F	What health career do you plan to follow?
	what health career do you plan to follow:
F.	What are your plans for achieving your career goal?
4. ACTIVIT	
A.	Have you been active as a hospital volunteer?
	Location (Newburgh, Cornwall or Offsite)
	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.				
0					
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 between 300 and 500 words double-spaced typed pages, explaining your goals in pursuing a medical career. 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

Name of Applicant					
2. Candidate entered	in	and will graduate on			
3. Describe courses pursued by	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 str	rengths and weaknes	ses			
12. SAT or ACT Score(s)		Class rank if available			
Signature		Date			
Printed name and title					