Dr. Ernest G. Stillman
2021 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 an accredited 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:
□ Application filled out completely *(incomplete applications will not be considered)*
□ Essay between 300 and 500 words explaining your goals in pursuing a medical career
□ 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 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, 3rd Floor, Newburgh, NY 12550
Or email: Foundation@montefioreslc.org

*For further information,* please contact St. Luke’s Cornwall Health System Foundation at (845) 568-2478 or Foundation@montefioreslc.org.
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____________________________________

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B. Briefly describe your experience(s) in your community or school – be specific about the positions held, your responsibilities and what you learned.

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________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

C. Have you been employed during the last two years? ____________________________________________
If yes, name of employer(s), position and length of time ____________________________________________

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________________________________________________________________________

D. Briefly describe your other extracurricular activities during the past two years. __________

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________________________________________________________________________

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

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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