

# St. LUKE'S CORNWALL HEALTH SYSTEM FOUNDATION

A Member of the **Montefiore**  
HEALTH SYSTEM, INC.

## Dr. Ernest G. Stillman 2022 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 11, 2022.***

*Please send to:*

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

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

# St. LUKE'S CORNWALL HEALTH SYSTEM FOUNDATION

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## Dr. Ernest G. Stillman 2022 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 \_\_\_\_\_

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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

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 \_\_\_\_\_