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

Dr. Ernest G. Stillman 2023 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 28, 2023.

Please send to: St. Luke's Cornwall Health System Foundation 70 Dubois Street, 3rd Floor, Newburgh, NY 12550 Or email: <u>Foundation@montefioreslc.org</u>

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

A Member of the HEALTH SYSTEM, INC.

Dr. Ernest G. Stillman 2023 Memorial Scholarship STUDENT APPLICATION FORM

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

1. PERSONAL INFORMATION:

А.	Name (Last, First, Middle)
В.	Address
С.	Telephone
D.	E-mail Address
E.	Date of Birth
F.	Mother's Name
	Occupation
G.	Father's Name
H.	Guardian's Name
2 5000	DL INFORMATION:
	Name of High School
B	Name of Principal
C.	Telephone Number
D.	Address
E.	Anticipated Date of Graduation
3. CAREE	R PLANS:
А.	Name of college/trade school you plan to attend
C.	Have you been accepted?
D.	Address Have you been accepted? 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. ACTIVI	TIES:
A.	Have you been active as a hospital volunteer?
	1. Location (Newburgh, Cornwall or Offsite)
	2. Department(s) where you volunteered

A Mem	ber of the Montefiore
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:

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.

A Member of the **Montefiore** HEALTH SYSTEM, INC. Please return this form by April 28, 2023 to:

St. Luke's Cornwall Health System Foundation 70 Dubois Street, Newburgh, NY 12550 or email to: Foundation@montefioreslc.org

TO BE COMPLETED BY HIGH SCHOOL GUIDANCE COUNSELOR

1. N	lame of Applicant				
2. C	Candidate entered	in	and will graduate on		
3. D	Describe courses pursued by applicant at your school				
5. F	eadership Influence: Strong Average Weak Negligible Personal Responsibility: Accepts fully		 8. Personality: Exceptional Pleasing Neutral Displeasing 9. Contribution to School Life: Exceptional 		
	Partially accepts Sometimes refuses Usually refuses		Above average Average Negligible		
7. N	Personal Initiative: Self-starter Responds to prodding Needs to be pushed Negligible Maturity: Good Average Immature Describe applicant's major stree	engths and weaknes	10. Academic Promise: Excellent Average Fair Poor SSES		
12. S	SAT or ACT Score(s)		Class rank if available		
Cour	nselor's printed name & title				
Scho	ol address		Counselor's email		
Signature			Date		
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