Dr. Ernest G. Stillman
2024 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 - 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 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.
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______________________________
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 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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