Gift of Life
2024 Scholarship

Purpose:
To provide financial assistance to (1) graduating high school student planning to pursue a career in the field of nursing and who should be the son/daughter of a Montefiore St. Luke’s Cornwall employee or an active Montefiore St. Luke’s Cornwall volunteer.

Amount of Scholarship:
(1) $3,000 scholarship

Eligibility Requirements:
• Candidate should be the son/daughter of a Montefiore St. Luke’s Cornwall employee or an active Montefiore St. Luke’s Cornwall volunteer.
• Candidate must plan to pursue a career in the field of nursing.
• Acceptance, by date of this application submission, to an accredited four-year college.
• Completed application submitted by the deadline.

Application Materials:
o Application filled out completely (incomplete applications will not be considered)
o Essay between 300 - 500 words explaining why you wish to pursue a career in nursing; which is to include matriculation date and graduation goal.
o Two (2) letters of recommendation (excluding family members)
o Completed Guidance Counselor form
o Currently Enrolled and Eligible for High School Graduation verified by a transcript.
o Proof of nursing college 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.
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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
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 - 500 words double-spaced typed pages, explaining why you wish to pursue a career in nursing; which is to include matriculation date and graduation goal. 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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