Michael L. Pappis, M.D.
2023 Memorial Scholarship

We are pleased to make this scholarship possible through the generosity of the family and friends of Michael L. Pappis, M.D.

**Purpose:**
To provide financial assistance to (1) graduating high school student planning to pursue a career in the medical field.

**Amount of Scholarship:**
(1) $1,500 scholarship

**Eligibility Requirements:**
- Candidate must plan to pursue a career in the medical field.
- Proven acceptance, by the date of this application, to a two or four-year college.
- Proven academic achievement with a grade point average of 85 or better.
- Documentation of at least an 1100 SAT score or 24 ACT composite score.
- Active participation in a community service program/project and extra-curricular programs.
- Completed application submitted by the deadline.

**Application Materials:**
- Application filled out completely (*incomplete application will not be considered*)
- Essay, no more than 500 words explaining why you wish to pursue a career in the medical field
- Two (2) letters of recommendation (excluding family members)
- Completed Guidance Counselor form
- High School transcript verifying GPA of 85 or better
- Proof of SAT/ACT scores
- Proof of college 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: Foundation@montefioreslc.org

For further information, please contact St. Luke’s Cornwall Health System Foundation at (845) 568-2580 or Foundation@montefioreslc.org.
In February 1996, St. Luke’s Hospital and The Cornwall Hospital lost a valued member of their medical staffs when Dr. Michael Lukas Pappis, M.D., F.A.C.S. died unexpectedly. Dr. Pappis, a long-time area resident and medical practitioner was appointed to the medical staff of St. Luke’s Hospital in 1981 as a general and vascular surgeon. He completed his undergraduate studies at Columbia University and graduated from the Upstate Medical Center in 1973. From 1973 through 1977, Dr. Pappis completed his internship and first residency in surgery at New York University-Bellevue Hospital. He completed his second residency in vascular surgery at New York Medical College in Valhalla in 1981. Dr. Pappis was a Diplomat of the American Board of Surgery. He was an attending surgeon at both St. Luke’s Hospital and The Cornwall Hospital, as well as an assistant professor and attending surgeon at New York Medical College, Westchester County Medical Center, and Valhalla.

Dr. Pappis was deeply involved in the delivery of quality medical care to the greater Newburgh community. He was also very interested in the development of young talent for the medical professions. The medical staffs of St. Luke’s Hospital and The Cornwall Hospital and the Pappis Family established a lasting memorial tribute to Dr. Pappis through the creation of a scholarship fund. The fund will help support the higher education of a local student who is interested in pursuing a career in medicine.
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.

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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 no more than 500 words double-spaced typed pages, explaining why you are pursuing a career in the medical field. 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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