St. Luke’s Cornwall Auxiliary
2021 Scholarship

**Purpose:**
To provide financial assistance to (2) graduating high school student planning to pursue a career in a health-related field and who are the son/daughter of a Montefiore St. Luke’s Cornwall employee or an active Montefiore St. Luke’s Cornwall volunteer.

**Amount of Scholarship:**
(2) $1,000 scholarship

**Eligibility Requirements:**
- Candidate must 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 a health-related field.
- Acceptance, by date of this application submission, to an accredited two or four-year college.
- Completed application submitted by the deadline.

**Application Materials:**
- Application filled out completely *(incomplete applications will not be considered)*
- Essay, no more than 300 words, explaining why you wish to pursue a career in a health-related field
- Two (2) letters of recommendation (excluding family members)
- Completed Guidance Counselor form
- High School transcript verifying GPA of 85 or better
- Proof of college acceptance, to include college student account number.

*All application materials must be submitted or post-marked by April 12, 2021.*

*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) 568-2478 or Foundation@montefioreslc.org.
St. Luke’s Cornwall Auxiliary
2021 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 _________________________________

St. Luke’s Cornwall Auxiliary Scholarship
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, no more than 300 words double-spaced typed pages, explaining why you want to pursue a career in a health-related field, including your career aspirations and influences that helped you reach your decision. Give any information that will aid the selection committee in evaluating your application, including number of children in your family and ages, any available resources for college tuition, etc. 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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