

St. LUKE'S CORNWALL HEALTH SYSTEM FOUNDATION

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

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.

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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 _____

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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, 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.

Please return this form by April 12, 2021 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. 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

8. Personality:

- _____ Exceptional
- _____ Pleasing
- _____ Neutral
- _____ Displeasing

5. Personal Responsibility:

- _____ Accepts fully
- _____ Partially accepts
- _____ Sometimes refuses
- _____ Usually refuses

9. Contribution to School Life:

- _____ Exceptional
- _____ Above average
- _____ Average
- _____ Negligible

6. Personal Initiative:

- _____ Self-starter
- _____ Responds to prodding
- _____ Needs to be pushed
- _____ Negligible

10. Academic Promise:

- _____ Excellent
- _____ Average
- _____ Fair
- _____ Poor

7. Maturity:

- _____ Superior
- _____ Good
- _____ Average
- _____ Immature

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 _____