St. Luke’s Cornwall Auxiliary 2023 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 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.
St. Luke’s Cornwall Auxiliary  
2023 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
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.
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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