St. Luke’s Cornwall Auxiliary
2024 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 between 300-500 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 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.
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 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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