

**St. Luke's Cornwall Hospital Auxiliary  
2016 Scholarship**

**Purpose**

To provide assistance to a graduating high school senior who plans to enter a health related field.

**Amount of Scholarship**

\$1,000

**Eligibility Requirements**

1. Candidate must be the son/daughter of a St. Luke's Cornwall Hospital employee and/or be an active St. Luke's Cornwall Hospital volunteer.
2. Candidate must plan to pursue a career in a health related field.
3. Acceptance, by date of this application submission, to an accredited two or four-year college.
4. All parts of the application must be returned together.
5. Deadline for submission of application materials by: **April 15, 2016** to:

St. Luke's Cornwall Health System Foundation  
70 Dubois Street  
Newburgh, NY 12550  
Or  
amorris@slchospital.org

Candidate must submit the following and return to Foundation Office of St. Luke's Cornwall Hospital, Newburgh Campus:

- Application filled out completely
- Short essay explaining why they want to pursue a career in the medical field. – maximum of 500 words
- Two (2) letters of recommendation
- Completed Guidance Counselor form

**Selection Criteria**

The candidate will be selected on the basis of scholastic achievement, a short essay explaining why they wish to pursue a career in the health related field, two letters of recommendation, and guidance counselor form.

**For further information**, please contact the St. Luke's Cornwall Health System Foundation at (845) 568-2585 or amorris@slchospital.org.

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***To Be Completed By Guidance Counselor***

**Instructions**

Please complete the attached form for each student applying for the \$1,000 St. Luke's Cornwall Auxiliary Scholarship.

Please return the form to the student in a sealed envelope so he/she can include the form in their submission packet.

The application, essay, letters of recommendation and the attached Guidance Counselor form must be submitted and/or postmarked by **April 15, 2016**.

**For further information**, please contact the St. Luke's Cornwall Health System Foundation at (845) 568-2585 or [amorris@slchospital.org](mailto:amorris@slchospital.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 you plan to attend \_\_\_\_\_
- B. Address \_\_\_\_\_
- C. Have you been accepted? \_\_\_\_\_
- D. Why have you chosen this college? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 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 \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

D. Briefly describe your other extracurricular activities during the past two years. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**5. ESSAY:**

Please attach an essay, no longer than two (2) double-spaced typed pages, 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. The content, grammar, and spelling will all weigh heavily in 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 SLCH Foundation Office.

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**CONFIDENTIAL GUIDANCE COUNSELOR APPLICATION**  
(To be completed by applicant's 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 \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed name and title \_\_\_\_\_