

# St. LUKE'S CORNWALL HEALTH SYSTEM FOUNDATION

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

## Dr. Ernest G. Stillman 2024 Memorial Scholarship

### **Purpose:**

To provide financial assistance to (1) graduating high school student planning to pursue a career in the medical field.

### **Amount of Scholarship:**

(1) \$1,000 scholarship

### **Eligibility Requirements:**

- Candidate must plan to pursue a career in the medical field.
- Proven acceptance to an accredited two or four-year college or trade training program.
- Proven academic achievement with a grade point average of 85 or better.
- Description of participation in community service projects or programs.
- Completed application submitted by the deadline.

### **Application Materials:**

Application filled out completely (*incomplete applications will not be considered*)

Essay between 300 - 500 words explaining your goals in pursuing a medical career

Two (2) letters of recommendation (excluding family members)

Completed Guidance Counselor form

High School transcript verifying GPA of 85 or better

Proof of college/trade training program acceptance, to include college student account number.

***All application materials must be submitted or post-marked by May 8, 2024.***

*Please send to:*

St. Luke's Cornwall Health System Foundation

70 Dubois Street, Newburgh, NY 12550

Or email: [Foundation@montefioreslc.org](mailto:Foundation@montefioreslc.org)

**For further information**, please contact St. Luke's Cornwall Health System Foundation at (845) 568-2580 or [Foundation@montefioreslc.org](mailto:Foundation@montefioreslc.org).

# St. LUKE'S CORNWALL HEALTH SYSTEM FOUNDATION

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## Dr. Ernest G. Stillman 2024 Memorial 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 \_\_\_\_\_

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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. \_\_\_\_\_

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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 \_\_\_\_\_

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

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## 5. ESSAY:

Please attach an essay between 300 - 500 words double-spaced typed pages, explaining your goals in pursuing a medical career. Give any information that will aid the selection committee in evaluating your application. 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 May 1, 2024 to:  
St. Luke's Cornwall Health System Foundation  
70 Dubois Street, Newburgh, NY 12550  
or email to: [Foundation@montefioreslc.org](mailto: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 \_\_\_\_\_