



**St. Luke's Cornwall Hospital Auxiliary
2018 Scholarship**

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 13, 2018**.

For further information, please contact the St. Luke's Cornwall Health System Foundation at (845) 568-2580 or ndonohue@slchospital.org.



**St. Luke's Cornwall Hospital Auxiliary
2018 Scholarship
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 _____