



**Stony Brook Eastern Long Island Hospital**  
**Anthony Bennardo Memorial Scholarship for High School Seniors**

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**EDUCATIONAL BACKGROUND**

HIGH SCHOOL: \_\_\_\_\_

HIGH SCHOOL CUMULATIVE GPA: \_\_\_\_\_ On a scale of: \_\_\_\_\_

RANK IN CLASS: \_\_\_\_\_ Out of how many? \_\_\_\_\_ Percentage: \_\_\_\_\_

SAT Results: V \_\_\_\_\_ M \_\_\_\_\_ W \_\_\_\_\_ TOTAL: \_\_\_\_\_ and/or

ACT: \_\_\_\_\_

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**HONORS/AWARDS:**

Responses must be legible and specific, do not write "refer to resume". If more space is required attach a separate white page and refer to the section, you are answering.

**ACADEMIC HONORS**

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**ACTIVITIES/SPORTS HONORS**

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**OTHER NOTEWORTHY HONORS**

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**SPECIAL CONSIDERATION** (can include some of the following: death of a student's parent or guardian; disability of student; other unusual expenses or circumstances)

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**PROFESSIONAL ASPIRATIONS AND PERSONAL STATEMENT:**

*(This professional aspirations/personal statement is to be included on a separate sheet of paper with this application – please limit your response to one page. Statement must be typewritten.)*

Provide a brief statement of your educational and career goals and experiences, as well as your professional aspirations. This statement must refer to your area(s) of study you are considering making your career, and specify how the college academic program you have chosen and your overall educational plans will assist you in achieving your goal.

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**Checklist:**

**Did you include or arrange for the following?**

- Completed scholarship application, all sections completed including activities.
- Typed resume complete with all academic/sport achievements, awards, honors and extracurricular activities.
- Letter of recommendation from a high school teacher, guidance counselor, principal or vice-principal.
- A complete, official, school-issued high school transcript of grades.
- A copy of an acceptance letter from an approved college or university.
- A copy of your scores on the SAT. Other scholastic aptitude test results may be submitted in addition at the discretion of the applicant.
- Copy of letter(s) pertaining to other scholarships received. (if applicable)
- A personal typed statement pertaining to your interest in a career in medicine.

Students Name: \_\_\_\_\_

Student Signature: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Guidance Counselor Name: \_\_\_\_\_

Guidance Counselor Signature: \_\_\_\_\_

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**Please mail completed application along with other required documentation to:**

**Stony Brook Eastern Long Island Hospital  
Medical Staff Office  
201 Manor Place  
Greenport, New York 11944**

**APPLICATIONS CAN BE EMAILED:  
With all supporting documentation  
Courtney.Meringer@stonybrookmedicine.edu**

**APPLICATIONS RECEIVED AFTER APRIL 1 WILL NOT BE ACCEPTED**