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

This scholarship fund provides local students, who are planning a career in medicine to become a Doctor of Medicine (M.D.) or Doctor of Osteopathy (D.O.), with much-needed funds for higher education. Stony Brook Eastern Long Island Hospital Campus Medical Staff will award a scholarship in the name of Anthony Bennardo, MD to 1 high school senior that is planning to enter full-time courses of study in medicine. Scholarship will be open to high school seniors from Greenport High School, Shelter Island High School, Southold High School, and Mattituck High School.

The scholarship will be a total amount of \$2,000 Recipients of any full scholarship to include National Merit Scholarships, NJROTC Scholarships, and appointments to any service academy are not eligible for The Anthony Bennardo Memorial Scholarship. In order to qualify for consideration students must meet the following criteria:

- a. Be a graduating senior. (HS transcript required)
- b. Be a graduating senior from Greenport High School, Shelter Island High School, Southold High School, or Mattituck High School. (HS transcript required)
- c. Be a graduating senior in the top 25% of their class.
- d. Plan to pursue a full-time course of study of medicine to become a Doctor of Medicine (M.D.) or Doctor of Osteopathy (D.O.).
- e. Acceptance to accredited college or university.

Winners of the scholarship will be selected based on the following criteria:

- a. General academic ability
- b. Personal characteristics
- c. Past academic record
- d. Extra-curricular activities
- e. Community interest

The selection of the recipients will be made by the Eastern Long Island Hospital Medical Staff. The scholarship materials will be available at your guidance office or on the Eastern Long Island Hospital website.

SCHOLARSHIP APPLICATION

INSTRUCTIONS:

Application must be legibly handwritten in blue or black ink or typed. Please complete this application and return to the address at the bottom of the application no later than **April 15**. To be considered you must submit all required documentation by this date.

REQUIRED DOCUMENTATION:

- 1. Completed Application, ALL SECTIONS MUST BE COMPLETED
- 2. A complete, official, school-issued high school transcript of grades
- 3. Letter of recommendation from a high school teacher, guidance counselor, principal or vice-principal.
- 4. A letter from the guidance office indicating class rank.
- 5. A copy of an acceptance letter from an approved college or university.
- 6. A copy of your scores on the SAT.
- 7. Resume complete with all academic/sport achievements, awards, honors and extracurricular activities.
- 8. Copy of letter(s) pertaining to other scholarships received.
- 9. Typed personal statement pertaining to your interest in a career in medicine.

BIOGRAPHICAL INFORMATION:				
NAME:				
(Last)	(First)	(Middle)		
DOB: / /	TELEPHONE: () -		
ADDRESS:				
City	State			
COLLEGE/UNIVERSITY (include letters):				
ADDRESS:				
City	State	Zip		
Program of Study:				

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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:					
HONORS/AWARDS: Responses must be legible and refer to the section, you ACADEMIC HONORS		write "refer to resume". If more s	pace is required attach a sep	parate white pag	
ACTIVITIES/SPORTS HO	ONORS				
OTHER NOTEWORTHY	HONORS				
SPECIAL CONSIDERATI student; other unusual expe		me of the following: death of a stu es)	dent's parent or guardian; d	lisability of	

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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.

Checkli	st:			
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.			
Student	s Name:			
Student	Signature:			
Parent/C	Guardian Name:			
Parent/0	Guardian Signature:			
Guidano	ee Counselor Name:			
Guidana	re Counselor Signature:			

Please mail completed application along with other required documentation to:

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 15 WILL NOT BE ACCEPTED