

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

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: _____

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

ACTIVITIES/SPORTS HONORS

OTHER NOTEWORTHY HONORS

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.

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: _____

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**](mailto:Courtney.Meringer@stonybrookmedicine.edu)

APPLICATIONS RECEIVED AFTER APRIL 15 WILL NOT BE ACCEPTED