

Benjamin Milak Memorial Scholarship Fund

This scholarship honors Ben Milak and is a reflection of, his life and his struggles.

A. Well rounded students wishing to apply for this scholarship must:

- **Be impacted by a learning disability, hearing impairment or cancer.**
- **Be graduating in this current school year.**
- **Have applied to a post-secondary educational program.**
- **Possess a realistic career goal, one which they are capable of achieving.**
- **Be community minded.**
- **Have a respect for the natural world.**
- **Possess a keen sense of humor, honesty and optimism.**

B. Candidates who qualify must:

- **Complete application and submit it with a copy of an official high school transcript by February 1 and mail to the address below.**
- **Attend a high school in Erie or Niagara County.**
- **Write an essay describing how they feel they meet the above criteria.**
- **Present two letters of recommendation from non-family members. One of letter must be from a teacher or guidance counselor familiar with their academic and social achievements.**

**Benjamin Milak Memorial Scholarship
P.O. Box 1518, 5500 North Bailey Avenue
Amherst, New York 14226-1518**

**Website – www.milakscholarship.org
Email – milakscholarship@gmail.com**

Finalists will be contacted to interview with the Scholarship Committee.

Benjamin Milak Memorial Scholarship Application

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Website – www.milakscholarship.org

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Name _____ E-Mail _____

Address _____ Phone Number _____

City _____ State _____ Zip Code _____

Date of Birth _____ Sex _____

High School _____ Address _____

Briefly State Condition or Disability which qualifies you for scholarship. _____

* Please check if either applies – IEP _____ Section 504 _____

Family Information: All responses should pertain to the parent(s) or guardian(s) with whom the applicant lives and/or on whom applicant is dependant for financial support.

Relationship _____ Name _____ Occupation/Place of Employment _____

Address _____

Relationship _____ Name _____ Occupation/Place of Employment _____

Address _____

Number of dependent children in family including applicant _____.

Number of family members in college next year _____.

Cumulative High School Average _____ (3 years).

Rank in Class _____ Total in Graduation Class _____.

High School Major Sequences _____.

Colleges to which you have applied (circle your preferred school) _____

Intended College Program of Study _____

Career Goal(s) _____

School-Related Activities (include offices held, grades in which participated) _____

Athletic Activities (include any leadership positions, grades in which participated) _____

Honors and Awards _____

Community Activities and/or Volunteer Services (i.e., scouting, church related, etc.) _____

Special Talent/Interests _____

List Work Experience

Employer	Type of Work	Length of Employment