

# **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](http://www.milakscholarship.org)  
Email – [milakscholarship@gmail.com](mailto:milakscholarship@gmail.com)**

***Finalists will be contacted to interview with the Scholarship Committee.***

# Benjamin Milak Memorial Scholarship Application

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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