

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.**
- **To be considered for the scholarship, applications must come as PDF documents. All components must be submitted together.**

Website – www.milakscholarship.org

Email – milakscholarship@gmail.com

Finalists will be contacted to interview with the Scholarship Committee.

Benjamin Milak Memorial Scholarship Application

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

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