



Michael F. Contestabile Memorial Scholarship APPLICATION FORM

APPLICANT QUALIFICATIONS

The Michael F. Contestabile Memorial Scholarship (MFC Memorial Scholarship) presented by the Pancreatic Cancer Association of WNY is a one-time grant of **\$2,500.00** to be awarded annually. It is open to high school and college students who have been directly affected by pancreatic cancer due to an immediate family member (sibling, parent, and grandparent) being diagnosed or have suffered the loss (death) due to pancreatic cancer. Scholarship is awarded to a student(s) annually and does not discriminate by ethnicity, race, religion, or gender.

Student applicant must:

- Be either a high school or college student residing in the areas of Rochester, Buffalo, Syracuse, and their surrounding counties.
- Middle School Students in 8th grade may apply in advance of their freshman year in high school.
- Demonstrate financial need.
- Be in good academic standing.
- Submit a minimum 1-page (no more than 2-page) Essay that touches on the following:
 - Tell us about yourself.
 - How will this scholarship help you/your family with your educational goals.
 - What are your plans after high school or college – your goals and aspirations.

APPLICATION DEADLINE & SUPPORTING DOCUMENTATION:

All applications including the following supporting documentation are accepted on an ongoing cycle. Formal presentation of award is in July; however, funds may be disbursed beforehand.

- student essay
- death certificate or obituary notice of biological parent(s)
- academic records (transcript equivalent) from the past academic year
- statement of financial need
- any letters of recommendation/reference

APPLICATION FORM SUBMISSION:

Applications and supporting documentation are kept confidential and become the property of the Selection Committee and will not be returned.

Applications are to be mailed to: **Michael F. Contestabile Memorial Scholarship Fund, Pancreatic Cancer Association of WNY, PO Box 24580, Rochester, NY 14624** or emailed to mfcscholarship@pcawny.org. The Scholarship will be formally awarded at the PCAWNY Golf Tournament in July. The recipient and two family members will be invited to attend the dinner as complementary guests.



Michael F. Contestabile Memorial Scholarship

APPLICATION FOR GRANT (Please type or print in black ink):

Applicant Name: _____ Phone: _____

Home Address _____

City _____ State _____ Zip _____

Email: _____

Age: _____ Date of Birth _____

Parent/Guardian (if applicant is under 18)

Name: _____ Phone: _____

Email _____

Educational Institution the grant will be applied to (*name of High School, College, University or Trade School you will be attending*)

SCHOOL ACTIVITIES:

Name of School Currently Attending _____

Address _____ City _____ State _____ Zip _____

List the activities you have been/are involved in.

<i>Activity</i>	<i>Months Involved</i>	<i>Position</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____

OTHER ACTIVITIES (i.e., extracurricular, hobbies, community service)

<i>Activity</i>	<i>Months Involved</i>	<i>Position</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____

EDUCATION PLANS:

In order of preference, list high school, colleges, universities, or trade schools to which you have applied or plan to apply.

School Name	Estimated Cost Per Year <i>(include room/board/tuition if college)</i>
_____	\$ _____
_____	\$ _____
_____	\$ _____

FINANCIAL NEED:

Attach to this application a clear statement of your financial need. This should say more than “College costs a lot of money” or “I want to help my parents.” This statement applies to what distinguishes your need from others and sets you apart. What is unique about your need? Discuss special family situations, e.g., a disability, ill health of surviving parent, parent’s loss of a job, number of siblings, number of siblings in college the year you attend, etc. What is your father’s and/or mother’s occupation and what was your family’s gross income last year? If you do not receive this scholarship, how will you arrange to go to college?

Father/guardian _____	_____
Employer	Position
Mother/guardian _____	_____
Employer	Position

As reported on last year’s federal tax form: _____

Federal adjusted gross income Family taxable income

Have you received, or do you expect to receive other financial aid grants? If so, please list names and amounts:

_____ \$ _____

_____ \$ _____

I hereby authorize the Scholarship selection committee to request and obtain any information it may deem necessary. I attest that all information and statements on this form are true and correct.

Signature of Applicant

Date

If applicant is under 18, parental signature is required.

_____ Signature of parent/guardian	_____ Date	_____ Signature of parent/guardian	_____ Date
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MAIL COMPLETED FORM TO
 Michael F. Contestabile Memorial Scholarship Fund
 Pancreatic Cancer Association of WNY
 PO Box 24580
 Rochester, NY 14624

OR EMAIL TO: mfcscholarship@pcawny.org