



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 a family member's diagnosis or death due to pancreatic cancer. The Scholarship is awarded to a student(s) annually based on financial need and not ethnicity, race, religion, or gender.

Student applicant must:

- Be either a high school or college student residing in the areas of Upstate NY, Western NY and the Finger Lakes Region (ie, 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
- doctor statement, death certificate or obituary notice of family member diagnosed with pancreatic cancer
- 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.

AWARD & TAXES: Please note that there may or may not be tax implications with receipt of these scholarship funds. Please refer to your tax preparer for more information.

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 _____

Graduation Date: _____

List the activities you have been/are involved in.

Activity	Months Involved	Position
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

Activity	Months Involved	Position
_____	_____	_____
_____	_____	_____
_____	_____	_____

EDUCATION PLANS:

In order of preference, list high school, colleges, universities, or trade schools to which you have applied or plan to apply. If more space is required, attach a supplemental page.

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

FINANCIAL NEED:

Include with 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 challenges you/your family face with the cost of education. Describe your family's situation.

Father/guardian _____

Employer Position

Mother/guardian _____

Employer Position

Family Income (reported on last year's federal tax form: _____ (Federal adjusted gross income)

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

_____ \$ _____

_____ \$ _____

INFORMATION & PHOTO/MARKETING RELEASE *(check each item you authorize)*

- I authorize the Scholarship Selection Committee to request and obtain any information necessary to confirm/validate details provided on the application. I attest that all information and statements on this form are true and correct.
- I authorize the Scholarship Selection Committee and/or the Pancreatic Cancer Association of WNY to use my name, likeness, and image (and that of my family) in their non-compensated marketing promotions/announcements conducted through, but not limited to, print, social media, digital, website and electronic platforms.

Signature applicant/student

Date

If applicant/student is under 18, parental signature is required.

Signature Parent/Guardian

Date

MAIL COMPLETED FORM TO
 Michael F. Contestabile Memorial Scholarship Fund
 Pancreatic Cancer Association of WNY | PO Box 24580 | Rochester, NY 14624

OR EMAIL TO: mfc scholarship@pcawny.org