



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 **\$1,000.00** to be awarded annually. It is open to high school seniors who have suffered the loss (death) of a biological parent(s) 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 a high school senior residing in the areas of Rochester, Buffalo, Syracuse, and their surrounding counties.
- Be seeking higher education (college / trade school / etc.) from an accredited institution.
- Demonstrate financial need.
- Be in good academic standing.
- Submit a minimum 1-page (no more than 2-page) Essay that includes 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 – your goals and aspirations.

APPLICATION DEADLINE & SUPPORTING DOCUMENTATION:

All applications including the following supporting documentation are **due by July 9, 2021**:

- 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 mfc scholarship@pcawny.org. The Scholarship will be awarded at the PCAWNY Golf Tournament on July 19, 2021. The recipient and two family members will be invited to attend the dinner as complementary guests.

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

Applicant Name: _____ Phone: _____

Home Address _____

City _____ State _____ Zip _____

Email: _____

Date of Birth _____ Date of High School Graduation _____

Parent/Guardian (if applicant is under 18)

Name: _____ Phone: _____

Email _____

SCHOOL ACTIVITIES:

Name of High School/Preparatory School _____

Address _____ City _____ State _____ Zip _____

List the activities you have been involved in during your time in High School:

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

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

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

SECONDARY EDUCATION PLANS:

In order of preference, list 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)</i>
_____	\$ _____
_____	\$ _____
_____	\$ _____

What would you like to do when you graduate from college?

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 income _____

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

_____ \$ _____
_____ \$ _____

List jobs you have held during the past 2 years:

	<i>Employer</i>	<i>Months Employed</i>	<i>Amount Earned</i>
This year	_____	_____	\$ _____
This year	_____	_____	\$ _____
Last year	_____	_____	\$ _____
Last year	_____	_____	\$ _____

On your own, how much money have you saved to assist in your college education? \$ _____

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

I have read the foregoing application and it has my approval.

Signature of parent/guardian

Date

Signature of parent/guardian

Date

MAIL COMPLETED FORM BY JULY 9, 2021

Michael F. Contestabile Memorial Scholarship Fund
Pancreatic Cancer Association of WNY
PO Box 24580
Rochester, NY 14624

OR EMAIL TO: mfc scholarship@pcawny.org