

The Justin Budwey Memorial Scholarship 2023

The Mental Health Association in Niagara County is offering a \$1,000 scholarship to a Niagara County High School Senior and/or adult who is entering and/or returning to a higher learning institute, who plans on working in the field of Human Services.

This Scholarship is being provided in memory of Justin Budwey, whose father Frank has been an instrumental advocate for those with a mental health diagnosis and mental health services for many years. We offer this scholarship to honor Justin Budwey's memory and has been awarded each year dating back to 2010.

Criteria to submit an application:

- Acceptance to a college or University
- A completed Application (included here or available at the MHA office)
- Two letters of recommendation from a school counselor, teacher, and/or friend.

The scholarship will be presented at the MHA in Niagara County Annual Meeting in May of 2023.

Applications are due no later than Friday April 7, 2023.

To learn more about the Mental Health Association in Niagara County:

mhanc.com

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Find us on Twitter @MHAniagara

Find us on Instagram @mhaniagaracounty

The Justin Budwey Memorial Scholarship 2023

Sponsored by:

The Mental Health Association in Niagara County mhanc.com 36 Pine Street Lockport, NY 14094

Deadline: April 7, 2023

Personal Information
Name
Address
Phone
Date of Birth
Educational Background
High School Graduation Date
Date Entering College/University
Academic Awards or Honors
College/University you plan to attend

Extracurricular Activities (Clubs, Sports, Offices Held):	
Community Service (Volunteerism):	
Describe how this Scholarship may be used to further your education:	

I hereby certify that the information contained in this application is true and accurate, to the best of my ability. Date: Signature:	Essay (brief, 350 words or less – can be included in an attachment): Describe
accurate, to the best of my ability. Date:	why you have chosen to study the field of mental health or human services.
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Date:	I hereby certify that the information contained in this application is true and
	accurate, to the best of my ability.
Signature:	Date:
	Signature:

Please submit to dcolpoys@mhanc.com or mail to

The MHA in Niagara County

36 Pine Street

Lockport, NY 14094

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