



## The Justin Budwey Memorial Scholarship 2025

The Mental Health Association in Niagara County is offering a \$1,000 scholarship to a **Niagara County High School Senior, 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, work supervisor, teacher, and/or friend.

Applications are due no later than **Friday April 4, 2025**.

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

[www.mhanc.com](http://www.mhanc.com)

Find us on Facebook <https://www.facebook.com/MHANIagara>

Find us on Instagram <https://www.instagram.com/mhaniagaracounty/>

Find us on TikTok <https://www.tiktok.com/@mhaniagaracounty>

# The Justin Budwey Memorial Scholarship 2025

**Sponsored by:**

**The Mental Health Association in Niagara County**

**36 Pine Street  
Lockport, NY 14094**

**Deadline: April 4, 2025**

## **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:**

**Essay (brief, 350 words or less – can be included in an attachment): Describe why you have chosen to study the field of mental health or human services.**

I hereby certify that the information contained in this application is true and accurate, to the best of my ability.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Please submit scholarship application to [dcolpoys@mhanc.com](mailto:dcolpoys@mhanc.com) or mail to

The MHA in Niagara County  
36 Pine Street  
Lockport, NY 14094  
Attn: Daniel Colpoys