



## 2026 ~ SCHOLARSHIP APPLICATION

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The DEADLINE for the scholarship application is Friday, May 15, 2026. If you have any questions about the application, please call 518-834-1190 ext. 201 or email [MLSFoundation@mountainlakeservices.org](mailto:MLSFoundation@mountainlakeservices.org)

**Purpose:** To provide scholarships to deserving high school graduating seniors throughout Essex County, New York, and students connected to Mountain Lake Services through internships or employed family members, intending to pursue post-high school courses of study at college/university or other post-secondary educational institutions in the field of Health and Human Services.

**Award Amount:** Scholarships of \$1,000 in \$250 increments over the course of four years. If awarded the scholarship, the recipient will be contacted at the end of each school year and upon passing grades and continued enrollment in a human services field course of study, \$250 will be awarded.

**Criteria:**

1. Applicant must be a graduating high school senior in the year of the award.
2. Applicant must be enrolling in a post-high school course of study at college/university or other post-secondary educational institution in the field of Health, Human Services, Business/Accounting, and/or trade school opportunities including Auto Mechanics, HVAC, Plumbing, Electrical and CAT programs.

**OR**

1. Applicant must be a graduating senior who has an IEP and enrolling in a post-high school course of study at a college/university or other post-secondary educational institution in any field of study.

**Application Process:**

Applicant must submit the following items:

1. Completed application form (if handwritten, please print it legibly).
2. Letter of interest addressed to the Scholarship Committee. The letter should contain a brief explanation of career and collegiate goals.

3. One (1) letter of recommendation from your choice of a high school teacher, administrator, counselor, employer, or individual with significant knowledge of the applicant's qualifications who can provide significant details about why you should be considered for this scholarship. If a student has an IEP, the letter of recommendation must be from the CSE chair of their district. The letter must be signed and dated and provide contact information for the person providing the recommendation.
4. An official and recent high school transcript with cumulative grade point average and a class standing/rank.
5. Essay, 1 to 2 pages, addressed to the Scholarship Selection Committee, on what you believe are the needs of people with disabilities living in the community.
6. A senior photo (optional, but preferred). If selected, this photo may be used for announcements and promotions of the scholarship program.

**Deadline:** Completed applications must be postmarked no later than **May 15, 2026**, to:

**Mountain Lake Services Foundation**  
**Attn: Scholarship Committee**  
**10 St. Patrick's Place**  
**Port Henry, NY 12974**

**Or email: [MLSfoundation@mountainlakeservices.org](mailto:MLSfoundation@mountainlakeservices.org)**

The Foundation Scholarship Committee will review the applications and notification of scholarship recipients will be made to the successful candidate's school guidance counselor.

**Mountain Lake Services Foundation  
Scholarship Application 2026**

Please type or print your answers. If the application is illegible, it will not be considered.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Mailing Address:  
\_\_\_\_\_  
Street: \_\_\_\_\_

Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Name & address of parent(s) or legal guardian(s): Use the reverse side of the application if you need more space.

Name(s):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Street: \_\_\_\_\_ Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone of parents or legal guardian(s): \_\_\_\_\_

Date of Birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Current High School: \_\_\_\_\_ Number of years attended: \_\_\_\_\_

Diploma Type:  Regents  Local  Local with IEP

I will be attending the following school in the Summer/Fall 2026: \_\_\_\_\_

Proof of acceptance or current student enrollment from the above school is required prior to receipt of funds.

Grade Point Average (GPA): \_\_\_\_\_ (On a 4.0 scale)

Attach proof of GPA. Your most recent official school transcript required.

What specialty / major do you plan to major in as you continue your education?

What are your educational and professional goals and objectives?

High school activities and special interests:

List your community service activities, part-time jobs, hobbies, outside interests, and extracurricular activities:

Write a brief statement why you feel you should be awarded this scholarship.

### **Statement of Accuracy**

I hereby affirm that all the above stated information provided by me is true and correct to the best of my knowledge. I also consent that my picture may be taken and used for any purpose deemed necessary to promote the scholarship program.

Signature of scholarship applicant: \_\_\_\_\_ Date: \_\_\_\_\_