

Buffalo State

State University of New York

Student Ambassador Program

Return completed application to:
Office of Admissions
Attention: Jessica L. Eagan
Moot Hall 110
1300 Elmwood Avenue
Buffalo, New York 14222

PLEASE TYPE OR PRINT NEATLY

Biographical Data

Name: _____ Date of Birth: _____

Email Address: _____

Local Address: _____

Cell Phone: _____ Local Phone: _____

Home Address: _____

Gender: Male Female

Ethnicity:

African-American

Native American

White, Non-Hispanic

Asian or Pacific Islander

Hispanic/Latino

Other (please specify) _____

High School Information

Name of High School attended: _____

Location of School: _____

Name of Guidance Counselor: _____ Graduation Year: _____

College Information

Current Year: (please circle) Freshman Sophomore Junior Senior

G.P.A.: _____ Intended Major: _____

Have you been accepted into your School or Department? (please circle) Yes No

Academic Minor(s): _____

Expected Graduation Date: (month & year) _____

Clubs/Activities you have been or are currently involved in at Buffalo State College:

Leadership Roles:

Volunteer Activities (either at Buffalo State or in the community):

How did you find out about the Student Ambassador program?:
