

Buffalo State College
State University of New York
Application for
SUNY Graduate Diversity Fellowship Program
Fellowship application deadlines are fall – August 1 and spring – December 1.
Fellowship Application for¹ Fall ____ Spring 20 ____

1. Social Security No. or BANNER ID: _____

2. Name: _____
Last First M.I. Other Name(s)

3. Mailing Address: _____
Street

City State Zip

4. Home Phone: _____ Day Phone: _____

5. Please state how you can demonstrate that you will contribute to the diversity of the student body in your program or school, primarily by demonstrating that you have overcome a disadvantage or other impediment to success in higher education:

6. (Optional) Please identify yourself as a member of a racial/ethnic group:
 American Indian Asian Black or African American Hispanic or Latino American
 Native Hawaiian or other Pacific Islander White (non Hispanic or Latino) Other _____

7. Citizenship: U.S. Citizen U.S. Permanent Resident

8. New York State resident: yes no

9. Program and Degree to which you are applying or have been accepted:

Degree

Program

10. As an undergraduate were you an EOP student? Yes No
Are you a Graduate Assistant? Yes No

Directions:

- Submit three (3) letters of recommendation attesting to your academic ability and worthiness of this award to:
The Graduate School at Buffalo State College
1300 Elmwood Avenue, Cleveland Hall 204
Buffalo, NY 14222
- Please complete the Statement of Professional Interests and Career Goals on page #2.

I certify that the information submitted in this application is complete and accurate to the best of my knowledge.

Signature of Applicant

Date

¹ Fellowship is not available for summer study.

Please write a brief statement of reasons for seeking this fellowship. Describe the professional experience, interests, and goals that are pertinent to your application.