

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 for<sup>1</sup>  Fall \_\_\_\_\_  Spring 20 \_\_\_\_\_

1. Social Security No. \_\_\_\_\_

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

\_\_\_\_\_  
Degree Program

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

**Directions:**

1. 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

2. 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

<sup>1</sup> Fellowship is not available for summer study.

Please write a brief statement of reasons for seeking this fellowship. Describe the professional e

xperience,  
interests, and goals that are pertinent to your application.