



BUFFALO SOLDIERS OF DELAWARE SCHOLARSHIP APPLICATION

Name _____

Last

First

Middle

Address _____

Street

City

State

Zip

Telephone No. _____ Birth Date _____ Grad Date _____

High School Attended _____

High School Counselor's Name _____

(List any honors or awards received in high school on back of application.)

Name of College/University _____ Anticipated Entry _____

Major _____

Parents or Guardians _____

Indicate sisters, brothers or dependents in your household. (Use back of application or another sheet.)

THE FOLLOWING MUST ACCOMPANY THIS APPLICATION:

Letter(s) of Acceptance / latest official transcript / SAT scores / three (3) written recommendation letters / biographical sketch of your life including any unusual family circumstances or information which you feel is vital in helping our committee make a decision.

Printed Name

Signature of Applicant

Date Submitted _____

=====DO NOT WRITE BELOW THIS LINE=====

Date Received _____ Application Complete YES NO