

GRADUATE DIVERSITY FELLOWSHIP APPLICATION FORM

• Personal Information (please type or print clearly)

Name: _____
Family/Last Name
Given/First Name
Middle

Class Year: _____

SSN: _____

Address: _____
Street and Number

City/Town Zip Code State

Phone: () _____ Email: _____
Area Code Number

OPTIONAL: The Graduate Diversity Program is an equal opportunity program. Providing the following demographic information is optional:

Ethnicity: Native American Pacific Islander Asian Black
 Caucasian Hispanic Other

REQUIRED: Citizenship Status

US Citizen: Yes No Permanent Resident: Yes No

Essay

Please attach a brief essay (no more than two pages) describing how you feel you will contribute to the diversity of the student body, including having overcome a disadvantage or other impediment to success in higher education. Please discuss why you feel you are deserving of this fellowship.

I affirm that all information regarding this application is true and accurate.

_____ _____
Signature Date

Send this form to:
SUNY State College of Optometry
Att: Vito Cavallaro, Director of Financial Aid
33 West 42ND Street, New York, NY 10036
Or Email it to vito@sunyopt.edu