



University at Buffalo
The State University of New York

**UNIVERSITY AT BUFFALO (UB) SCHOLARSHIPS FOR STEM (S-STEM)
GRADUATE FELLOWSHIP
Application Form**

APPLICANT INFORMATION

Name (Last, First, MI): _____

SSN: _____ Date of Birth: (month/day/year)_____

Current Address: _____

Current City, State, Zip _____

Permanent Address: _____

Permanent City, State, Zip _____

Telephone No: _____ Cell Phone No: _____

Email Address: _____

Ethnicity:

- _____ Black/African American
- _____ Latino/a
- _____ Pacific Islander (Micronesia, Guam, etc.)
- _____ Asian (Filipino, Indian, Chinese, Korean etc.)
- _____ Native American
- _____ Alaskan Native
- _____ Hawaiian Native
- _____ Caucasian
- _____ Multi-ethnic (please specify) _____
- _____

Citizenship:

- _____ US Citizen
- _____ Permanent Resident
- _____ Other (please specify) _____

Gender:

- _____ Male
- _____ Female

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INSTITUTIONAL INFORMATION

Undergraduate Institution: _____ Year of Graduation: _____

Undergraduate GPA: _____/4.0 Major GPA: _____/4.0

Undergraduate Major(s): _____ Minor _____

Intended Graduate School Major: _____

What is your ultimate degree objective (please circle your choice):

MS MD Ph.D. Dual degree (MD/Ph.D.) Other (please specify) _____

In what discipline will you pursue your degree? _____

GRE Scores: Verbal _____ Quantitative _____ Analytical _____

Please indicate any of the following program affiliations:

McNair Scholars CSTEP Student Support Services Other _____

University at Buffalo Graduate School Application (Part Two)

Part Two of the application process consists of submitting a completed University at Buffalo Graduate School Application. Please visit the listed link for the application:

<http://www.gradmit.buffalo.edu/etw/ets/et.asp?nxappid=GRA&nxmid=getpublicapplicationsite>

If a faculty member is nominating you for the S-STEM Graduate Fellowship, please have them complete the following information:

Name: _____ Position: _____

Institution: _____

Telephone: _____ Email: _____

Nominator Signature _____ Date: _____

