



The Buffalo Scholarships Foundation, Inc.



251 Buffalo Trail
The Villages, Florida 32162
Phone: 352.259.2350 • Fax: 352.259.3850

Scholarship Application

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

High School Graduation Date: _____ Grade Point Avg.: _____

Currently employed: No Yes Employer: _____

City: _____ Phone: _____ Length of employment: _____

Please take this form to your school counselor to provide an insert that documents the following information:

- I. College entrance examination score (ACT or SAT)
ACT composite score _____
SAT composite score _____
- II. Student's cumulative high school grade point average (GPA) excluding spring semester of senior year _____
- III. Please list student's classes and grades for their junior and senior years. Please note any honors classes.

*Have you completed all of your volunteer hours? Yes No
Total hours completed _____

*Have your parents completed all of their PI hours? Yes No

Counselor's Signature: _____ Date: _____

*If you check "No" to either of these questions, you will not be considered by the Buffalo Scholarship Foundation.

Have you been accepted to a post-secondary institution? [] Yes [] No

Anticipated enrollment date: _____

Name of Post-Secondary Education Facility: _____

Proposed major field of study: _____

I. Financial Need: In the space provided, please indicate your family's adjusted gross income from last year's tax return.

_____	under \$25,000	_____	\$100,000 - \$125,000
_____	\$25,000 - \$50,000	_____	\$125,000 - \$150,000
_____	\$50,000 - \$75,000	_____	over \$150,000
_____	\$75,000 - \$100,000		
_____	# of children still in the household or in college		

II. Please list your years of involvement and any office held for extra curricular activities (Organizations, Clubs and Sports):

III. List any awards, honors or other recognition which you have earned or received.

IV. List and describe any jobs you have held. With the exception of money, what did you gain from these experiences?

V. What are your long-term career interests and how do you plan on achieving them?

VI. How would this scholarship assist you in achieving your career goals?

VII. What are the hobbies, interests and community service programs that you participate in and how have they influenced your thoughts?

VIII. Please write anything about yourself you would want the scholarship committee to know about you, your plans, etc.

The Buffalo Scholarship Foundation shall determine eligibility of a graduating Villages High School senior student and award a scholarship. The award and amount of all scholarships will be determined by the Foundation, in its sole discretion. To qualify, the student must attend a post-secondary institution approved by the Foundation and be a full-time student for two consecutive semesters within the first two years following his or her graduation. Failure to use the funds within the first two years following graduation or failure to comply with any other requirement shall result in forfeiture of the remaining funds to the Foundation. All scholarship money will be deposited directly with the "qualified institution".

*The Foundation may review additional information such as the National Honor Society Student Survey, may contact the student's employer and may request an in-person interview.

By signing this application, I hereby certify that all information is true and correct to the best of my knowledge. Knowingly submitting false information on this application will result in disqualification.

Student's Signature: _____ Date: _____