Diversity Fellowship Program
Application

Name: _____

Date of Birth: _____ Social Security #_____

Address: _____

_____

Home Phone: _____ Work Phone: _____

United States Citizen? Yes ☐ No ☐ If no, Permanent Resident? Yes ☐ No ☐

Ethnic/Racial Background: _____

Please select your desired course of study:

- ❑ MA Speech Pathology
- ❑ MS Special Education
- ❑ MS Education: Reading
- ❑ MS Elementary Education
- ❑ MS Secondary Education

I have applied for Tuition Assistance Program (TAP): Yes ☐ No ☐

Please check date of intended enrollment:

- ❑ Summer 20____
- ❑ Fall 20____
- ❑ Spring 20____
- ❑ Full Time
- ❑ Part Time

I am eligible for the Graduate Tuition Waiver (EOP, HEOP, or SEEK graduate)
Yes ☐ No ☐

Please answer the following essay question:

How would you contribute to the diversity of the student body in the program for which you are applying? (Including by having overcome a disadvantage or other impediment to success in higher education). Please attach on s separate sheet of paper.

I have applied or intend to apply to SUNY Geneseo for the course of study as indicated above. All of the information contained in this application is accurate. I meet the guidelines as indicated and also eligible to receive this grant if awarded.

_____ _____
Signature Date

Due Date: This application is due at the same time you return your graduate program application.
Please mail to:

Office of Multicultural Affairs
SUNY Geneseo
1 College Circle
Geneseo, N.Y. 14454
Fax: (585) 245-5729