



STUDENT APPLICATION FORM

STUDENT PROFILE

Student Last Name: _____ First: _____ MI: _____

Home Address Street: _____

City: _____ State: _____ Zip: _____

Male Female Date of Birth: _____

Student Home Phone: _____ Student Cell Phone: _____

Student Email Address: _____

How would you describe your racial background? (Check all that apply)

Hispanic or Latino Asian Black or African American American Indian or Alaska Native

Native Hawaiian or other Pacific Islander White/Caucasian

How did you hear about our Bridge to Success Program at Buffalo State College? _____

Do you have any specific concerns related to (please check all that apply):

Vision Speech Hearing Seizures Emotional

Please share any other information that may be important: (In necessary, attach additional sheet of paper.)

PARENT/GUARDIAN INFORMATION

Parent/Guardian Name: _____ Cell: _____ Work: _____

Email: _____

(Parents/guardians need to fill out an additional information form)

STUDENT EDUCATIONAL BACKGROUND

High School Name: _____

Graduation date: _____ Current Grade: _____

High School Address: _____

Resource Teacher: _____

Are you using support services in your school? Yes No

What accommodations do you receive? _____

What is your primary disability (ies)? _____

When was your disability diagnosed? _____

Do you have a 504 Plan or an I.E.P.? Yes No

List your strengths: _____

List your weaknesses: _____

What do you expect to learn in this program as it relates to your academic and career/college goals? (To be completed by the student)

By completing this application, I understand that I am applying for consideration to the Access BSC – Bridge to Success in College summer program to be held at Buffalo State College, 1300 Elmwood Ave, 120 South Wing, Buffalo, NY 14222. I understand that transportation will not be provided to and from the program. I also understand that a \$25 fee, in the form of a check, is due at the time of the application. This fee will be refunded to me or my parent/guardian if I attend the program or withdraw before June 25th, 2018.

Student signature: _____ Date: _____

Please mail all completed forms to:

Buffalo State College Student Accessibility
Services 120 South Wing
1300 Elmwood Ave
Buffalo, NY 14222
Email: accessbsc@buffalostate.edu

Checklist of required materials:

- This form completed by the student applicant
- Parent/guardian information form
- Teacher/Counselor referral form. Name: _____
- Check of \$25 to: Access BSC – Bridge to Success in College