



# Jump Start Program Scholarship Application

Date \_\_\_\_\_

Student's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Student's Email \_\_\_\_\_

Date of Birth \_\_\_\_\_

Ethnicity

Gender  Male  Female

African American

Native American

Asian American

White

Student's Grade Point Average \_\_\_\_\_

Hispanic

Other \_\_\_\_\_

Student's Present School \_\_\_\_\_

Please list activities in which student is involved \_\_\_\_\_

Student's College Interest (University of Buffalo, Buffalo State, etc.) \_\_\_\_\_

Student's Future Career Interest \_\_\_\_\_

If student has health problems, please list \_\_\_\_\_

How did you hear about the program? \_\_\_\_\_

Parent/Legal Guardian Name(s) \_\_\_\_\_

Marital Status  Married  Separated  Divorced  Single

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Parent's Email \_\_\_\_\_

Student lives with \_\_\_\_\_

**THE FOLLOWING IS TO HELP DETERMINE YOUR ELIGIBILITY FOR THE SCHOLARSHIP.  
ONE CHILD'S FAMILY MUST MAKE UNDER \$30,000 AND TWO CHILD FAMILIES MUST MAKE UNDER \$35,000.  
THIS INFORMATION IS COMPLETELY CONFIDENTIAL.**

Gross household income (include both parents) \$ \_\_\_\_\_

Other income \$ \_\_\_\_\_ How many dependents live in your home? \_\_\_\_\_

- PLEASE INCLUDE WITH THIS FORM:**
- 1) Written recommendation from a teacher
  - 2) Proof of financial need (tax returns or 2 months pay check stubs)
  - 3) Copies of three pieces of original artwork

**RETURN INFORMATION TO:**  
Buffalo Arts Studio  
Attn: Education Coordinator  
2495 Main Street - Suite 500  
Buffalo NY 14214

**QUESTIONS? 716.833.4450 x11**