

The Buffalo Sabres Alumni Association

All Information must be filled out completely on this application form. Simply print this application, fill in all the information and mail to the Sabres Alumni Association. All applications must be postmarked by July 1st.

APPLICANT INFORMATION:

Name: Last _____ First _____ M.I. _____
Permanent Address: Street _____ Apt. _____
 City _____ State _____ Zip Code _____
 Telephone (____) _____ Social Security # _____
Date of Birth: Month _____ Day _____ Year _____
Parent or Guardian: Last _____ First _____ M.I. _____
 Home Telephone (____) _____ Work Telephone (____) _____

HIGH SCHOOL INFORMATION:

Applicants must include a certified high school transcript of grades and have the following section completed by the appropriate school official.

Cumulative grade point average: _____/4.0 scale or ____/____ scale
Graduation Date: Month _____ Year _____
School Name: _____ **Telephone:** (____) _____
School Officials Signature: _____ **Title:** _____ **Date:** _____

SCHOOL AND COMMUNITY SERVICE INFORMATION:

List and describe the school or community service activities in which you have participated without pay at you school or in your community during your 3 years in high school (Grades 10-12). School or community service could be a student's participation in any programs or projects which serve the school, school district or community. Participation in interscholastic sports is included in the range of activities as are student government, clubs or working groups in your school and volunteer activities in your community.

If more space is required, you may print another copy and attach it to your application. Please be sure to include your name on any additional pages.

Name of Activity	What Did You Do?	Role/Office Held	When	Name & Phone of Advisor or Supervisor
(1)				
(2)				

(3)				
(4)				

SCHOOL AND COMMUNITY LEADERSHIP AWARDS AND HONORS:

List all special awards and leadership positions held for school or community service activities during the past three years.

APPLICANT APPRAISAL - SERVICE ACTIVITIES:

To be completed by a school or community advisor, coordinator, supervisor or leader who knows you well. **To The appraiser:** Please give immediate and serious attention to following statements. When complete, please return to applicant, or photocopy this section and return to applicant in a sealed envelope. This appraisal must be returned together with the application.

The Applicants ability to show concern for others:	<input type="radio"/>	Extremely Strong	<input type="radio"/>	Very Strong	<input type="radio"/>	Moderate	<input type="radio"/>	Poor
The quality of the applicant's commitment to school and community:	<input type="radio"/>	Extremely Strong	<input type="radio"/>	Very Strong	<input type="radio"/>	Moderate	<input type="radio"/>	Poor
The applicant's demonstration of initiative in service activities:	<input type="radio"/>	Extremely Strong	<input type="radio"/>	Very Strong	<input type="radio"/>	Moderate	<input type="radio"/>	Poor
The applicant's follow-through with service assignments:	<input type="radio"/>	Extremely Strong	<input type="radio"/>	Very Strong	<input type="radio"/>	Moderate	<input type="radio"/>	Poor

Comments: _____

Advisor's Signature _____ **Title** _____ **Tel (____)** _____

ESSAY:

Choose one school or community service experience and briefly describe how the experience benefited others in the school or your community. Describe what happened in your life or in the life of your family as a result of your service experience.

Remember that families are as unique as the people who are a part of them. Family can include parents, grandparents, siblings, guardians, relatives, friends or people in your community.

The essay may be up to you, but not more than, one-8-1/2" x 11" page, one-sided, typewritten and double-spaced.
Include your name and address in the upper left-hand corner of the page.

CERTIFICATION:

I certify that the information provided in this application is complete and accurate to the best of my knowledge. Falsification of any information will cause disqualification from the scholarship program. This application becomes the sole property of the Buffalo Sabres Alumni Association. I have read and agree to the terms and conditions of the Buffalo Sabres Alumni Association Scholarship Program.

Signature of parent or guardian _____ **Date** _____

Signature of applicant _____ **Date** _____

APPLICATION CHECKLIST:

This application becomes complete and valid only when you have submitted:

- * Application Form
- * Scholarship Requirements
- * Essay
- * Current Transcript of grades

WHEN COMPLETE MAIL TO:

**The Buffalo Sabres Alumni Scholarship Program
c/o Buffalo Sabres Alumni Association
First Niagara Center
One Seymour H. Knox III Plaza
Buffalo, New York 14203**