



**BUCKFIRE & BUCKFIRE, P.C. 2017
DISABILITY SCHOLARSHIP PROGRAM
APPLICATION FORM**

STUDENT INFORMATION

Name: _____
Last First MI

College or University currently attending: _____

Cumulative GPA: _____ Student ID: _____

Expected Graduation Month/Year: _____

Present Mailing Address: _____
Street Apt #

City State Zip Code

Telephone #: _____ Email: _____

ESSAY

Please submit a one-page typed essay describing how you overcame adversity caused by your disability and what you learned from that experience.

DOCUMENTATION

Please submit an official or unofficial transcript including your most recent semester and documentation from a medical professional or other qualified person with a diagnosis of your disability.

CERTIFICATION

I hereby certify that the information I have provided on this application form and in any attached materials is true and complete.

Applicant Signature

Date

Return Completed Application and requisite materials by April 1, 2017 to:

**Buckfire & Buckfire, P.C.
Attn: Disability Scholarship
29000 Inkster Road, Suite 150
Southfield, MI 48075**

Note: This application and supporting material must be post marked by April 1, 2017. The recipient of the scholarship award will be notified on June 1, 2017.