



**BUCKFIRE**  
LAW FIRM

**BUCKFIRE & BUCKFIRE, P.C.  
2019 DISABILITY SCHOLARSHIP  
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, 2019 to:**

**Buckfire & Buckfire, P.C.  
Attn: Disability Scholarship  
29000 Inkster Road, Suite 150  
Southfield, MI 48034**

*Note: This application and supporting material must be post marked by **April 1, 2019**. The recipient of the scholarship award will be notified on **June 1, 2019**.*