

**ZETA AMICAE of BUFFALO**

**BLUE PRESTIGE**

**Scholarship Application**



**Deadline: March 15th, 2026**

# **ZETA AMICAE of BUFFALO**

## **BLUE PRESTIGE**

### **Scholarship Application**



#### **Purpose Statement**

The purpose of The Blue Prestige Scholarship through the Zeta Amicae of Buffalo, is to provide financial assistance to a female student in pursuit of self-improvement through education.

#### **The Blue Prestige Award**

**The Blue Prestige Scholarship Award is awarded to a female enrolled in a certificate program or 2 year degree program. We further hope this humble award will uplift its' recipient and be an inspiration as she strives to achieve her educational goals. It is our hope that the award is received with a spirit of thanksgiving and utilized to support the purpose for which it was created.**

#### **Eligibility Requirements**

Each applicant must meet all the requirements listed below:

1. Applicant must be a female.
2. Currently enrolled in an accredited trade school or associate degree program.
3. Attending school or training program in Erie County

#### **Application Procedure**

To be considered for a scholarship, the application and supporting materials must be received by March 15, 2026.

#### **Applicants must submit the following documentation:**

1. A completed & signed Blue Prestige Scholarship Application
2. An essay typed on separate paper
3. Present a Letter of Good Standing provided by a teacher.
4. Provide an official class schedule or transcript.
5. Provide two letters of recommendation: One personal and one from an instructor or professional working in the related field of study.
6. Finalist will need to complete an interview with the scholarship committee.

Place **ALL** completed documents in one envelope addressed to: Zeta Amicae of Buffalo;  
ATTN: Scholarship Committee; 170 Manhattan Ave #54; Buffalo, New York 14215.

### **Notification and Conditions of Payment**

1. Zeta Amicae of Buffalo will notify each applicant of the result status of their application via email.
2. Recipient must submit documentation from their institution proving enrollment and good standing by March 15, 2026. Failure to submit proof of enrollment and good standing will result in immediate forfeit of the scholarship award.
3. If awarded, the recipient will be required to submit a brief biography and a photo by April 1st.
4. Recipient will be required to attend our Scholarship Brunch held in April, where she will receive the award and participate in a photo opportunity.

### **Essay Procedure**

1. Essays must be typed on a separate sheet of paper using Times New Roman 12pt font, 1.5 line spacing.
2. *PLEASE DO NOT TYPE YOUR NAME IN ON YOUR ESSAY. TYPING YOUR NAME ON OR IN YOUR ESSAY or MENTIONING NAMES OF OTHER PEOPLE WHICH CAN LEAD TO YOUR IDENTITY THE APPLICANT WILL VOID YOUR APPLICATION.*
3. You will be asked to create an application code. You will use that code as the header at the top of each page of your essay

### **Application Code**

- **A** for associate degree students or **T** for trade school or certificate program students
- First initial of your first and last name.
- Your birth month and day of your birth (mm/dd)

Example I: Associate, Karen Smith; DOB: May 22  
Application # AKS0522

Example II: Trade School, Mary Williams; DOB April 7  
Application # TMW0407

Example III: Certificate Program, Kimberly Henderson; DOB October 25  
Application # TKH1025

5. Include **the** copy of your essay, letters of recommendations, and your signed application cover sheet.

### **The Essay**

**Must be 1 - 2 pages, 1.5 line spacing.**

**Please read and answer the following essay question:**

Based on the career field you chose, how will this scholarship award help uplift you and inspire you to achieve your educational goals?

**ZETA AMICAE of BUFFALO**  
**BLUE PRESTIGE**

Scholarship Application



Application Code: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone contact number: \_\_\_\_\_

Email Address: \_\_\_\_\_

School Presently Enrolled: \_\_\_\_\_

Location Address: \_\_\_\_\_

Start Date: \_\_\_\_\_

Expected Completion Date: \_\_\_\_\_ Current GPA: \_\_\_\_\_

Certificate or Degree Pursuing: \_\_\_\_\_

Ethnicity:

☐ Black/African-American   ☐ Hispanic   ☐ Native American   ☐ African   ☐ Caribbean

☐ Other: \_\_\_\_\_

I attest the information submitted for the Zeta Amicae of Buffalo Scholarship is true. I understand that if it is found that I have mislead the scholarship committee with manipulated information my application will be void and I will be disqualified from applying for scholarship funds from Zeta Amicae of Buffalo indefinitely. I understand and agree to all of the requirements detailed in the application description.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**ZETA AMICAE OF BUFFALO  
SCHOLARSHIP  
PHOTO RELEASE FORM**

**Auxiliary Name: ZETAAMICAE OF BUFFALO**

**City, State, Zip: 170 MANHATTAN AVE #54; BUFFALO, NY 14215**

**Scholarship applied for: \_\_\_\_\_**

In consideration of my participation in any activity involving the scholarship mentioned above, I grant the Zeta Amicae of Buffalo and it's sponsoring chapter, and its sponsoring chapter permission to copy, edit, publish and otherwise use my name, image and likeness, with or without my name, included for marketing or for any other lawful purpose, in any publication and/or social platform, without further consideration.

I assign to the Zeta Amicae of Buffalo all rights, title, and interest in and to all such Reproductions as well as the unencumbered right to exercise such rights in all media and by any means now known or hereafter created, throughout the world, in perpetuity.

I hereby hold harmless and release and forever discharge the Zeta Amicae of Buffalo and its sponsoring chapter, from all claims, demands, and causes of action which I or the undersigned or any respective heirs, executors, administrators or assigns have or may have resulting by reason of this Photo Release Form.

**I HAVE READ THE ABOVE BEFORE SIGNING BELOW, AND I FULLY UNDERSTAND THE CONTENTS, MEANING, AND CONDITIONS OF THIS PHOTO RELEASE FORM:**

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Printed Name)

If the person signing is under age 18, there must be consent by a parent or guardian, as follows:

I hereby certify that I am a parent or guardian of \_\_\_\_\_ and do hereby agree to the submission of this application and its required content within.

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Parent/Guardian's Printed Name)