

University of Houston Graduate College of Social Work SCHOLARSHIP APPLICATION FORM

DUE DATE: JUNE 1st

You may use this scholarship application for most GCSW scholarship programs including the Dean's Advisory Council, Henley Academic, Ruth Goldman, George Magner, Mark Magaziner, Mollie Nadelman, Josephine Stewart and the Make a Difference Scholarship Awards. Please complete all sections. *Incomplete applications will not be reviewed.*
Return to: **University of Houston, Graduate College of Social Work, Attention Scholarship Program, 110 HA Social Work Building, Houston, TX 77204-4013.**

Please PRINT or TYPE all information

N
Y
Incoming First Year?
N
Y
Resident:

PERSONAL DATA

Last Name: _____ First: _____ MI: _____

Social Security Number: _____ E-mail Address: _____

LOCAL ADDRESS

Street: _____ Apt#: _____ City: _____ State: _____ ZIP: _____

Home Phone: _____ Work Phone: _____

PERMANENT ADDRESS (if different from above)

Street: _____ Apt#: _____ City: _____ State: _____ ZIP: _____

Permanent Phone: _____

Citizenship: (check one) U.S. Citizen U.S. Permanent Resident Other country, Specify _____

Texas Resident: Yes No (To check your residency status with UH, you can go to My PeopleSoft from the main UH website, www.uh.edu.)

Student Status: (check one)

FT, Flex, Weekend College: Intended Concentration of Study:

- | | | |
|-----------------------------------------------------|--------------------------------------|----------------------------------------------------------------|
| <input type="checkbox"/> Incoming M.S.W. | <input type="checkbox"/> Full-time | <input type="checkbox"/> Clinical Practice |
| <input type="checkbox"/> Incoming Advanced Standing | <input type="checkbox"/> Flex Option | <input type="checkbox"/> Leadership, Administration & Advocacy |
| <input type="checkbox"/> Continuing M.S.W. | <input type="checkbox"/> Weekend | |
| <input type="checkbox"/> Incoming Ph. D. | <input type="checkbox"/> College | |
| <input type="checkbox"/> Continuing Ph. D. | | |

Certificate Area:

- Gerontological Social Work
- Political Social Work
- Trabajo Social
- Health Disparities
- N/A

Post Graduate Employment Plan: _____

ACADEMIC HISTORY

Institution	Dates Attended	Major	GPA
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

ORGANIZATIONS AND ACTIVITIES

Identify significant school and/or community organizations and activities that you participated in over the past five years. Indicate any offices held.

Year	Organization	Activities/Office Held
_____	_____	_____

Scholarship Name:

For office use only:
Amount of award:

AWARDS AND HONORS

Indicate any awards/honors you have received over the past five years.

Year	Organization	Award or Honor
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FINANCIAL DATA

Complete this section in full. Although not required at this time, you may be asked to supply supporting documentation to verify this information.

Expenses: How much will it cost to attend the GCSW next semester? \$ _____

Sources of Support: Please indicate the amount of funds available to you for the academic year from:

- | | | |
|----------------------------------------------------|----------|----------------------------------------------------------------------------------------------------------------------------------------------|
| 1. Personal savings | \$ _____ | If employed, please complete questions 9-12 |
| 2. Family support | \$ _____ | 9. Your employer |
| 3. Grants/Scholarships | \$ _____ | _____ |
| 4. Loans | \$ _____ | 10. Position title |
| 5. Your individual income last year | \$ _____ | _____ |
| 6. Your total household income last year | \$ _____ | 11. Hours you work per week |
| 7. Other income (source) last year | \$ _____ | _____ |
| 8. Number of dependents (not including self) _____ | | 12. Does your employer provide tuition reimbursement or other support for you to attend school?
_____ Yes ____ No If yes, please explain. |
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STATEMENT

Please write/type a brief statement of your financial need. If needed, you may continue on a separate page.

If you are applying for a specific GCSW scholarship or fellowship, please list the name/s here:

CERTIFICATION

I certify that to the best of my knowledge, the information contained in this application is true and correct. Although not required at this time, I may be asked to supply supporting documentation to verify this information later. I agree to release any information in my records at the University of Houston to federal, state, or any private agency necessary for the administration of the scholarship program.

Signature _____

Date _____