

# GERONTOLOGY SCHOLARSHIP

## Supplemental Application

Application instructions appear on page 4.

Please print or type; attach a separate sheet of paper for additional space.

Name \_\_\_\_\_ USC Identification Number \_\_\_\_\_  
Permanent Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_  
Home Phone/FAX \_\_\_\_\_ Work Phone/FAX \_\_\_\_\_  
Term Applying for:  Fall  Spring Year \_\_\_\_\_  
Email Address \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Citizenship: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Degree Objective:  BSG  Dual MSG and:  Public Administration  
 Certificate  Health Administration  
 Certificate On Line  Social Work  
 MSG  Urban Planning  
 MAG On Line  Business Administration  
 MLTCA On Line  Jewish Communal Service\*  
 Ph.D. *\*in conjunction with Hebrew Union College*

List your (intended) field of study (specialization): \_\_\_\_\_

Name of your academic advisor (if known): \_\_\_\_\_

List date and score of the General Test of the Graduate Record Examination:

Date taken: \_\_\_\_\_ Verbal Score: \_\_\_\_\_ Quantitative Score: \_\_\_\_\_ Total (v+q): \_\_\_\_\_

Current USC GPA (If applicable): \_\_\_\_\_ Check  if you are a member of the USC Student Gerontology Association.  
Undergraduate GPA: \_\_\_\_\_ Check  if you are a member of Sigma Phi Omega.  
Graduate GPA (Outside USC): \_\_\_\_\_ Check  if you are a USC employee.

Please provide the names and telephone numbers of three academic references:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you submitted a request for financial assistance with the University Office of Financial Aid?

Yes \_\_\_\_\_  I will submit a request  No Please explain: \_\_\_\_\_  
Date Submitted

IF YOU HAVE RECEIVED A "FINANCIAL AID AWARD LETTER" FROM THE UNIVERSITY, PLEASE FURNISH A COPY.

List all fellowships, honors, and publications below (attach a separate sheet if necessary):

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**Employment Information**

Current Employment: \_\_\_\_\_  
Employer Location Job Title

Hours / Week: \_\_\_\_\_ Monthly Income: \_\_\_\_\_ Spouse's Monthly Income: \_\_\_\_\_

Spouse's Employment: \_\_\_\_\_  
Employer Location Job Title

**Educational History**

Please list all previous colleges and universities you have attended:

INSTITUTION	DATES (FROM – TO)	DEGREE AWARDED (OR EXPECTED) AND DATE

**Enrollment Information**

Please specify the courses and number of units you plan to take during the upcoming academic year:

<u>FALL</u>			<u>SPRING</u>			<u>SUMMER</u>		
DEPT.	COURSE NUMBER	UNITS	DEPT.	COURSE NUMBER	UNITS	DEPT.	COURSE NUMBER	UNITS

If you feel you have special circumstances which might help us better determine your need for financial assistance, please explain in the space below:

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**Applicant's Affidavit**

I certify that the information on this document is complete and correct. I understand that all documents submitted for scholarship consideration become the property of the University of Southern California and will not be returned to me, nor duplicated for me, for any reason.