

University of Houston  
Graduate College of Social Work  
Office of Field Education

**APPLICATION FOR HARTFORD AGIFT (Agencies for Gerontology Intercultural Field Training) PROGRAM**

1. Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(Street) (Apt. #)

\_\_\_\_\_  
(City) (State) (Zip Code)

Telephone Number: Home: \_\_\_\_\_ Work: \_\_\_\_\_

Cell: \_\_\_\_\_ Pager: \_\_\_\_\_

E-mail Address (**print carefully**): \_\_\_\_\_

2. How did you hear about the AGIFT program? \_\_\_\_\_

3. I have selected or am leaning toward the following track:

\_\_\_\_\_ Clinical Practice  
\_\_\_\_\_ Leadership, Administrative, Advocacy

4. I understand that I must enroll in the Gerontology Certificate Program \_\_\_\_\_ Yes \_\_\_\_\_ No

5. UH-GCSW Students BSW Students Only  
Status: Full-time \_\_\_\_\_ Will you be in your senior year during  
Flex Option \_\_\_\_\_ participation in the AGIFT program \_\_\_\_\_ Yes \_\_\_\_\_ No

Semester and Year you first entered the GCSW: \_\_\_\_\_ Are you interested in pursuing an MSW degree? \_\_\_\_\_ Yes \_\_\_\_\_ No

6. Undergraduate Grade Point Ratio (GPA) \_\_\_\_\_

7. Participation in the AGIFT program requires that students be available for field work and all program activities during the hours of 8:00 AM to 5:00 PM, Monday through Friday. Will you be available Monday-Friday 8:00 AM-5:00 PM to do field work in AGIFT agencies? \_\_\_\_\_ Yes \_\_\_\_\_ No

8. Discuss your reasons for wanting to participate in the AGIFT program.

(Please complete back page)

9. List any personal, academic, volunteer, or work experience you have had with older adults.

10. What are your plans at this stage in your education for working with older adults after your MSW degree?

I agree to participate in the following components of the AGIFT Program:

- \_\_\_\_\_ First Year Seminar Series
- \_\_\_\_\_ Rotation model of field placement
- \_\_\_\_\_ Integrative Seminar Series during final field placement
- \_\_\_\_\_ Leadership Project
- \_\_\_\_\_ Program evaluation processes
- \_\_\_\_\_ Selected meetings with the AGIFT Consortium and funding source representatives

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Office Use Only