

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

APPLICATION FOR 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: _____

2. How did you hear about the AGIFT program? _____

3. I have selected or am leaning toward the following concentration(s):

- _____ Health
- _____ Mental Health
- _____ Children & Families
- _____ Gerontology
- _____ Political Social Work

4. UH-GSSW Students

Status: Full-time _____
Part-time _____

Semester and Year you first entered
the GSSW: _____

Are you applying for AGIFT for:
_____ Foundation Year
_____ Concentration Year
_____ Both

BSW Students

Will you be in your senior year during
participation in the AGIFT program _____ Yes _____ No

Are you interested in pursuing an MSW
degree? _____ Yes _____ No

5. 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

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

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

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

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

- _____ Foundation Year Seminar Series
- _____ Summer elective "Community Based Empowerment with Elders of Color" if offered (BSW – do not answer)
- _____ Concentration Year Integrative Seminar Series
- _____ Rotation model of field placement
- _____ Program evaluation processes
- _____ Selected meetings with the AGIFT Consortium and funding source representatives

COMPLETE ATTACHED "BRIEF BIOGRAPHICAL STATEMENT" FORM. YOUR APPLICATION WILL NOT BE PROCESSED IF THIS FORM IS NOT ATTACHED AND COMPLETE.

ATTACH A COPY OF YOUR CURRENT DEGREE PLAN TO THIS FIELD APPLICATION.

Student's Signature

Date

I have reviewed the student's degree plan and do verify that the student has had all course prerequisites including the practice course which corresponds to the field course for which he or she is applying.

(Application will not be processed without advisor's signature.)

Advisor Signature

Date

Date of Meeting with Student