

**University of Houston Graduate College of Social Work  
SCHOLARSHIP APPLICATION FORM**

**Due Nov. 1<sup>st</sup> for Spring Admission, May 1<sup>st</sup> for Fall Admission**

You may use this scholarship application for most GCSW scholarship programs. Please complete all sections and attach a current resume. *Incomplete applications will not be reviewed.*

Return to: **University of Houston, Graduate College of Social Work, Attention Scholarship Program, 110HA 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: \_\_\_\_\_

UH ID 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.uh.edu.)*

**Student Status:** (check one) :

**Intended Concentration of Study:**

- Incoming M.S.W.
- Incoming Advanced Standing
- Continuing M.S.W.
- Incoming Ph. D.
- Continuing Ph. D.
- Adv Stand
- 2-Year
- 3-Year
- Weekend College

- Clinical Practice
- MACRO Practice

**Specialization:**

- Gerontological Social Work
- Political Social Work
- Practice with Latinos
- Health Disparities
- N/A

**Post Graduate Employment Plan:** \_\_\_\_\_

\_\_\_\_\_

**ACADEMIC HISTORY**

Institution	Dates Attended	Major	GPA
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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**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
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\_\_\_\_\_

For office use only:  
Amount of award:  
Scholarship Name:

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

**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:**

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**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 \_\_\_\_\_