

GERONTOLOGY SCHOLARSHIP APPLICATION

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

Name _____

10 Digit 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: _____

- Degree Objective:
- BS
 - Certificate
 - MSG
 - Online MAG
 - MASM
 - MLTCA
 - Ph.D.

- Dual MSG and:
- Business Administration
 - Dentistry
 - Juris Doctor
 - Public Administration
 - Health Administration
 - Planning
 - Social Work
 - Pharmacy

Current USC GPA (If applicable): _____

Undergraduate GPA: _____

Check if you are a USC employee

Graduate GPA (Outside USC): _____

Employment Information

Current Employment: _____
Employer Location Job Title

Hours / Week: _____ Monthly Income: _____ Spouse's Monthly Income: _____

Spouse's Employment: _____
Employer Location Job Title

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. (You may include any fellowships, honors, or publications):

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.

SIGNATURE _____

DATE _____