

**University of Iowa
Interdisciplinary Graduate Fellowship in Aging Application
2009-2010**

Applicant Information

Name: Last _____ First _____ Initial ____

Address: _____ City/State _____ Zip _____

Phone: _____ Email: _____

Identify your UI status:

- I am currently enrolled as a full or part-time graduate or professional student at UI.
- I have been admitted to a graduate college, school, or program at UI as a full or part-time student beginning _____ (specify semester).

Identify your current or intended specialized program in aging:

- Medical or Pharmacy Degree
- MSN or PhD in Adult-Gerontological Nursing,
- Certificate in Aging Studies,
- Master in Public Health or Master in Health Administration with an Aging Focus, and/or
- MSW or PhD in Social Work with a specialization in aging, gerontology, or end-of-life care.
- Other: _____

Cumulative Undergraduate GPA _____ and Graduate GPA _____ on a _____ point scale.

Reference: Name _____ Department _____

Institution/Organization: _____ Phone: _____

Relevant Work, Community Service, and/or Leadership Experience

Organization and Location	Position Held	Duration	Hours per Week

Brief Essays

On a separate sheet of paper, respond to the following items while limiting each response to 250 words.

1. Describe your interdisciplinary interests and experiences in aging. How have these influenced your choice of a graduate program and/or course of study in aging?
2. Describe your aging-related career aspirations.