

**The University of Houston Foundation
BRENDA K. NESBITT SCHOLARSHIP
AT THE GRADUATE COLLEGE OF SOCIAL WORK**

Eligibility Requirements:

1. Must be a female student over 40. **ATTACH A COPY OF DRIVERS LICENSE OR BIRTH CERTIFICATE.**
2. Must be a student returning to school.
3. Must be a full-time degree seeking student in the Graduate College of Social Work.
4. Preference will be given to a full-time student.
5. Submit a one page essay describing why you are pursuing a career in social work and how this scholarship would be of financial assistance to you. Please include any recent awards or activities.
6. **COMPLETED AUTHORIZATION FORM MUST ACCOMPANY SCHOLARSHIP APPLICATION.**

Print Legibly

Legal Name: _____
Last First Middle
Current Address: _____
Street, Apartment, or P.O. Box City, State, Zip
E-mail address: _____ Date of Birth: _____
Cell Phone: (_____) _____ Home Phone: (_____) _____

Academic data:

Are you enrolled in the Master's Program in GCSW? _____Yes _____No
Are you a full-time student? _____Yes _____No Credit hours enrolled for upcoming Fall semester: _____
Anticipated Graduation date _____
(Mo/Yr)

I hereby certify that all information reported on this application is true and accurate to the best of my knowledge.

(Signature)

(Date)

**MAIL APPLICATION TO:
UNIVERSITY OF HOUSTON FOUNDATION
4543 Post Oak Place, Suite 250
HOUSTON, TEXAS 77027**

**Applications that are emailed, faxed or
incomplete will not be accepted.**

For further information call the University of Houston Foundation, 713-622-6061

UNIVERSITY OF HOUSTON FOUNDATION
INFORMATION AUTHORIZATION FORM

REQUIRED

Because of the recently-enacted Privacy Act, the University of Houston must have your written permission to release your Grade Point Average and hours of enrollment to the University of Houston Foundation. The UH Foundation needs to verify these in order to award the scholarship funds to your student account.

I give permission to the University of Houston to release to the University of Houston Foundation my grade point average for the most recently-completed semester, as well as my overall grade point average and hours of enrollment.

PRINTED NAME

(signature)

(date)

(student ID number)

OPTIONAL

The University of Houston Foundation must have your permission to release application information to the scholarship donor.

I give permission to the University of Houston Foundation to give my name to the scholarship donor if requested.

PRINT NAME

SIGNATURE

DATE