**APPLICATION FOR AGING SCHOLARSHIP –**

**HARTFORD PARTNERSHIP PROGRAM FOR AGING EDUCATION (HPPAE)**

Please note these scholarship funds are dependent on availability of funding for 2024-2025.

*Please complete this application using Word and email to heyman@fordham.edu*

*Save the file using the name: YOURLASTNAME – AGING HPPAE Scholarship Application*

**DUE DATE: June 28, 2024**

The Aging Scholarship is for students:

1. who will be starting their Specialist Year Field Placement in September 2024
2. who have submitted the online application for a Specialist Year field placement
3. who are willing to have their field placement with an agency serving older adults
4. who are committed to a career in aging
5. who are willing to attend 2 aging meetings
6. who are willing to complete a project in the field of aging (e.g. develop a brochure, help plan an aging program etc.)

Advanced Standing students must have been accepted into the MSW program and confirmed their acceptance into the program by June 30, 2023 in order for their application to be reviewed.

**CONTACT INFORMATION**

Name:

Fordham Email address:

*Optional: additional email address:*

Home address:

Phone number(s)

 *Cell:*

 *Home*:

 *Work*:

Fordham ID number (FIDN):

List any languages in which you are fluent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**REFERENCE**

Please provide a reference that we may call. The required reference is:

1. A professor from your MSW Program (if a Fordham Foundation/Generalist student) or a Professor from your BSW/BASW program (if Advanced Standing).

You may also choose to include an additional professional reference who is relevant to your interest in aging. Please do not include any relatives or friends as references. Please obtain permission from these references to receive a call from Dr. Heyman.

**PROFESSOR**

Name:

Daytime Phone number:

Fordham email address:

Other email address used by the professor:

**FIELD INSTRUCTOR**

Name:

Title:

Agency:

Daytime Phone number:

Email address:

***OPTIONAL ADDITIONAL REFERENCE***

Name:

Title:

Relationship to you:

Daytime Phone number:

Email address:

**Start personal statement here:** (Please write approximately 1-2 pages regarding your interest in working with older adults and their families.)