

Gold Family Grant-in-Aid Application

Name: _____
Last First Middle

Address: _____
Street Apt. #

_____ City State Zip code

Phone Number: _____ Email: _____

Student ID No.: _____ Overall GPA: _____

Social Security No.: _____ - _____ - _____ CA Resident? Yes No

U.S. Citizen? Yes No If No, Visa Type: _____

Year in School (select one): Sophomore Junior Senior

Please list names of the those providing recommendations (at least one should be from a faculty member):

_____ Name Title

_____ Name Title

Application Due:
Friday, April 12, 2019 by **5:00PM**
Undergraduate Office
4006 Young Hall
(310) 825-1859