

# Gold Family Scholarship Application

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street Apt. #

\_\_\_\_\_  
City State Zip code

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

UCLA ID #: \_\_\_\_\_ Overall GPA: \_\_\_\_\_

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, February 28, 2024 by 5:00PM**  
Undergraduate Office  
4009 Young Hall