

# WAYNE STATE UNIVERSITY

Pre-Doctoral Training Fellowship Program in Aging and Urban Health  
Institute of Gerontology, 87 East Ferry Street  
226 Knapp Building, Detroit, MI 48202  
TEL (313) 577-2297 FAX (313) 875-0127  
Email: [c.lysack@wayne.edu](mailto:c.lysack@wayne.edu)

## Pre-Doctoral Training Fellowship Program

### **A. PERSONAL INFORMATION**

Where or from what source did you learn about the WSU program (please check all that apply)?

- A professional newsletter or journal (please specify) \_\_\_\_\_
- An internet listserv, gopher, web server, or bulletin board (please specify) \_\_\_\_\_
- Colleague or advisor recommendation (please identify whom, if possible) \_\_\_\_\_
- A posting in your department or institution (please specify) \_\_\_\_\_
- Other (please specify) \_\_\_\_\_

1. Social Security Number:      \_ \_ \_ - \_ -      \_ - \_ -      \_ - \_ -      \_ - \_ -

2. Name: Mr./ Ms. \_\_\_\_\_

3. Present mailing address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Present telephone numbers: Home \_\_\_\_\_  
Fax \_\_\_\_\_  
Office \_\_\_\_\_

5. E-Mail Address: \_\_\_\_\_

6. Permanent address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Permanent telephone number: Home \_\_\_\_\_  
Office \_\_\_\_\_

8. Citizen of what Country? \_\_\_\_\_

**B. ACADEMIC HISTORY**

1. Colleges or Universities attended. (Include current one, if any.)

| <i>Name of Institution</i> | <i>Date started</i> | <i>Date finished</i> | <i>Major/Minor</i> | <i>Degree</i> |
|----------------------------|---------------------|----------------------|--------------------|---------------|
|                            |                     |                      |                    |               |
|                            |                     |                      |                    |               |
|                            |                     |                      |                    |               |
|                            |                     |                      |                    |               |
|                            |                     |                      |                    |               |
|                            |                     |                      |                    |               |

2. Undergraduate Scholastic Record (Calculate the junior-senior Grade Point Average by counting 1 semester credit of:

A = 4 pts.; B = 3 pts.; C = 2 pts.; D = 1 pt.; F = 0 pt.)

Credits completed in undergraduate major. \_\_\_\_\_

GPA in undergraduate major. \_\_\_\_\_

Overall grade point average. \_\_\_\_\_

3. Graduate Work to Date?  Yes  No

Total graduate credits. \_\_\_\_\_ GPA in graduate major \_\_\_\_\_

Master's Thesis topic: \_\_\_\_\_  
 \_\_\_\_\_

4. Please list (by title) courses you have taken which you consider especially relevant to aging or your possible area of research. (These will be documented on official transcripts, but please re-list them here, and describe relevance of course content. Continue on the reverse if you run out of space).

| <i>Course Identifier on Transcript</i><br><i>(e.g., PSY 209)</i> | <i>Course Title</i><br><i>(e.g. Sociology of Aging)</i> | <i>How relevant?</i> |
|--|---|----------------------|
|  |   |                      |
|  |   |                      |
|  |   |                      |
|  |   |                      |
|  |   |                      |
|  |   |                      |

5. Please list (by title any courses that you have take which cover statistics, research design, analysis, theory, or methodology. Continue on the reverse if you run out of space..

| <i>Course Identifier</i> | <i>Course Title</i> | <i>Brief description of content</i> |
|--------------------------|---------------------|-------------------------------------|
|                          |                     |                                     |
|                          |                     |                                     |
|                          |                     |                                     |
|                          |                     |                                     |
|                          |                     |                                     |

6. Please list any unusual or exceptional academic honors, including scholarships or awards received, traineeships, and or internships, or special commendations. Continue on the reverse if you need more space.

|    |
|----|
| 1. |
| 2. |
| 3. |
| 4. |
| 5. |

7. Please list all graduate schools to which you have applied. Also indicate program or department to which the application was directed. You may continue on the reverse if more space is needed.

| <i>Institution</i> | <i>Program or Department</i> |
|--------------------|------------------------------|
|                    |                              |
|                    |                              |
|                    |                              |
|                    |                              |
|                    |                              |

**C. TEST INFORMATION**

**SCORES ON THE VERBAL, QUANTITATIVE, AND ANALYTICAL SECTIONS OF THE GRADUATE RECORD EXAMINATION ARE REQUIRED BY THE IOG, REGARDLESS OF DEPARTMENT REQUIREMENTS.**

**Note: Official test results should be forwarded directly to the Graduate School. Indicate the department code of the department to which you are simultaneously applying on your GRE forms. If photocopies are available, they may be sent to the Institute of Gerontology.**

1. Have you take or when do you expect to take the Graduate Record Examination?

Yes     No

Expected test date \_\_\_\_\_

2. If you have unofficial scores, please list them:

GRE \_\_\_\_\_ Verbal \_\_\_\_\_ Quantitative \_\_\_\_\_ Analytical \_\_\_\_\_

GRE Advanced Test (Optional)    Subject \_\_\_\_\_ Score \_\_\_\_\_

TOEFL \_\_\_\_\_ Other test results: \_\_\_\_\_

**D. RECOMMENDATIONS**

Give the names, titles, and addresses of three persons from whom you have requested academic recommendations for graduate study.

1. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**E. SCHOLARY WRITING**

Please submit, along with this application, two samples of your scholarly writing, published or unpublished. For example: a literature review; an honor's or masters thesis; a manuscript published, accepted for publication, or submitted for publication; a term paper. Be sure to label each with your name and address. We regret that writing samples cannot be returned.

**F. PERSONAL OR AUTOBIOGRAPHICAL STATEMENT**

The applicant is requested to submit an autobiographical statement (double spaced) in narrative form. This provides an opportunity for the applicant to supplement the other information available to the GRA Search Committee.

We would like the text of your statement to address these issues:

- (1) Discuss your specific area(s) of scholarly interest
- (2) Every applicant needs to identify a potential mentor among the faculty of the Wayne State University Training Program. Please consider which of the faculty conduct work that is closest to your interests, and discuss your goals for collaborative work and the mentoring relationship. If there is more than one potential mentor, please rank them.
- (3) What would you like us to know about your personal information and academic background that is particularly relevant to research in aging and health?
- (4) How has your undergraduate or graduate work prepared you for graduate work on aging in your disciplinary or multi-disciplinary area of interest?
- (5) What are your strengths and weaknesses and special needs in relation to previous and future training?
- (6) How might your work experiences, if any be of benefit in your graduate studies?
- (7) To the extent that you have formulated future plans, however tentative, what kinds of positions do you expect to obtain after completing graduate work, and what are your reasons for selecting such career options?
- (8) Is there any other information which you believe to be relevant to this application, including extracurricular activities, and other life experiences (family relationships, your individual & group relationships, involvement in your community)?

**THIS STATEMENT SHOULD BE ATTACHED TO THIS APPLICATION FORM AND RETURNED TO:**

**Cathy Lysack, PhD, IOG Deputy Director  
Pre-Doctoral Training Fellowship Program in Aging and Urban Health  
Wayne State University  
Institute of Gerontology  
87 East Ferry, 231 Knapp Bldg.  
Detroit, MI 48202**

I understand that I am applying for a Graduate Research Assistantship at Wayne State University. If I receive this assistantship, I understand that the expectation is that I participate actively in the training environment. Participation will include mentored research work, active attendance at regularly scheduled colloquia, continuing education programs and coursework as recommended by my mentors.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date