The College of Social Work Scholarship Application

Student Name:_____ Date: _____

Current Mailing Address:_____

City:_____ State:_____ Zip Code_____

Where is your hometown (city and state)?_____

Telephone Number:_____ Work Number:_____

E-mailAddress:_____

(Please note that if you are chosen for a scholarship an award letter will be sent to the address listed above)

Please circle your rank as of fall quarter 2010: Pre-Social Work BSSW MSWI

GPA: _____ Advanced Standing MSWII

MSW students only: please indicate your concentration: Clinical Administration

Please circle **ONE** of the following that reflects your primary area of interest:

Adoption/Foster Care	Corrections	Medical/Health
Alcoholism/Addictions	Domestic Violence	Mental Health
Child Welfare	Gerontology	MR/DD
Community Organization	Jewish Community	Policy/Planning

Please list **two** references. Please include one professor/advisor and one professional contact. We will contact the references of the top finalists.

1._____
Name Phone Email

2._____
Name Phone Email

Please answer the following questions on no more than 3 typed, single-sided pages. Please use 1 inch margins, 12 point font and double space your responses.

- Please describe your professional goals.
- What volunteer and/or work community-building activities have contributed to your interest in a career in social work?

Return to MSW Program Office, College of Social Work, 303 Stillman Hall, 1947 College Road, Columbus, Ohio 43210 **by March 2, 2010**