



**PERSONAL INFORMATION**

Name (Mr., Mrs., and Ms.): \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Alternative Phone Number: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Email: \_\_\_\_\_

Sex:  Female  Male

Marital Status:  Single  Married

Ethnic Origin:  Asian American  Puerto Rican  Caribbean  
 Chicano/Mexican American  Caucasian  Native American  
 Black/African American  Hispanic  Other \_\_\_\_\_

Language Fluency:  Spanish  French  Japanese  
 Italian  German  Native American  
 Chinese  Vietnamese  Other \_\_\_\_\_

Disclosure of the information below will be used only for emergencies that may occur while at school.

Medical information including medications and allergies: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: (Hm) \_\_\_\_\_ (Wk) \_\_\_\_\_

Physical Limitations: \_\_\_\_\_

**EDUCATION**

**High School:** \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

**College:** \_\_\_\_\_ Type of Degree: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Dates Attended: \_\_\_\_\_

**College:** \_\_\_\_\_ Type of Degree: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Dates Attended: \_\_\_\_\_

**Please check the prerequisite course work you have completed:**

Biology       American National Government       Sociology       Economics       Psychology

Overall GPA \_\_\_\_\_

\*Have you been arrested or convicted of a Misdemeanor or a Felony?       YES       NO

\*If you answer yes, please speak with the BSW Program Coordinator immediately. Please note that a “YES” response does not automatically preclude your admission to the Social Work Program.

**PAID AND VOLUNTEER WORK HISTORY**

Please list the last four paid or volunteer positions you’ve held, starting with the most recent, including work performed, name and address of organization, and contact information for your immediate supervisor.

Employer/Agency			
Name:	Supervisor:		
Address:	Phone:		
<input type="checkbox"/> Paid <input type="checkbox"/> Volunteer	Start Date:	End Date:	
Job Description:			
Reason for Leaving:			
Name:	Supervisor:		
Address:	Phone:		
<input type="checkbox"/> Paid <input type="checkbox"/> Volunteer	Start Date:	End Date:	
Job Description:			
Reason for Leaving:			
Name:	Supervisor:		
Address:	Phone:		
<input type="checkbox"/> Paid <input type="checkbox"/> Volunteer	Start Date:	End Date:	
Job Description:			
Reason for Leaving:			

## QUALIFICATIONS FOR SOCIAL WORK

Please rate yourself on the following criteria by placing an X in the appropriate box:

<b>Quality</b>	<b>High Amount</b>	<b>Average Amount</b>	<b>Low Amount</b>
Intelligence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concern for Social Issues & Social Justice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appreciation of Differences in Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-Awareness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Problem Solving Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ease in Relating with Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Desire to Help People	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Desire to Improve Human Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reading Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writing Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## PERSONAL STATEMENT

All questions are to be answered fully and to the best of your ability. All answers to the questions must be *typed on plain white paper*. Please type your name at the top right hand corner of each personal statement page. On the last page of your personal statement, please type your name and sign beneath it. Upon completion, be sure to attach your personal statement to this application before submitting it to the School of Social Work for review.

1. In order for the BSW Committee to get to know you better, we would like to have some information about you. Please write an autobiography that includes your personal background, your family and your academic and/or career goals.
  
2. A. How and why did you become interested in a career in social work?  
B. What makes you a suitable candidate for this program?
  
3. Please identify a current social problem that concerns you. How might the social work profession contribute to the resolution and/or improvement of this problem?
  
4. Social work professionals intervene directly with and on behalf of diverse populations. These include adult men and women, persons of African, Asian, Hispanic, or multicultural descent, gay, lesbian, bisexual or transgender individuals, children, older adults, persons with HIV/AIDS, persons with disabilities, and economically disadvantaged individuals. Many of these clients will present with a variety of concerns including (but not limited to): domestic violence, sexual assault, end-of-life care, confusion over sexual identity and fear of “coming out” to family and friends, and uncertainty about pregnancy. The NASW Code of Ethics states the mission “is to enhance human well-being and help meet the basic human needs of all people, with particular attention to the needs and empowerment of people who are vulnerable, oppressed, and living in poverty” (NASW, 1999).
  - A. Discuss your thoughts working with the above populations and issues.
  - B. Explain any reluctance or apprehension about working with certain populations or issues that may present a challenge to you.
  - C. How do you plan to confront these challenges?
  
5. This program requires a 420 hour internship during your last semester prior to graduation. If you currently have time constraints (care giving, employment, etc.), what arrangements will be made in order to fulfill the required hours?
  
6. Is there any other information you would like to share that would help us to better serve your learning needs?

**Signature of Applicant:** \_\_\_\_\_

**Date:** \_\_\_\_\_