



UNIVERSITY OF CENTRAL FLORIDA

School of Social Work
P.O. Box 163358
Orlando, FL 32816-3358
http://www.cohpa.ucf.edu/social

For Office Use Only:
(Stamp Date Received)

APPLICATION FOR BSW PROGRAM

Name (Last, First, Middle): _____ PID #: _____

Please indicate the term for which you are applying: Summer [] Fall []
Please indicate the schedule for which you are applying: Full-time [] Part-time []
UCF Main Campus []

To ensure that your application is considered for review, you must make certain that UCF receives your complete and current information regarding completion of program requirements for admission.
This information should include:
1. The final and official certified copy of your transcript (if from a college other than UCF). These should be given to the Undergraduate Admissions Office as well as to the School of Social Work.
2. Written proof (if not on transcript) of completion for:
a. The general education requirements;
b. The five (5) common program prerequisites of the School of Social Work (see page 3);
Once again, it is your responsibility to ensure that the information listed above has been received by the University of Central Florida. The School of Social Work will access the required information from UCF admissions.

I certify that the information given in this application is accurate and complete to the best of my knowledge. I understand that falsification of information will be sufficient grounds for refusal to consider my application or program dismissal. If admitted to the University of Central Florida School of Social Work Program, I hereby agree to abide by the policies of the Board of Trustees, and the rules and regulations of the School of Social Work Program. Further, I fully understand that under the Family Educational Rights and Privacy Act (FERPA) of 1974, the information provided in this application and my supporting documents will be kept confidential to the extent required by such act. In order that my application may be processed, my file will be available to appropriate University or College officials, to the Director of the School of Social Work, and to those designated by the Director to conduct the process of selection.

Signature of Applicant: _____ Date: _____

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:

Quality	High Amount	Average Amount	Low Amount
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:** _____