**APPLICATION FOR ADMISSION**

**SOCIAL WORK PROGRAM**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ADVISOR**

**PLEASE TYPE OR PRINT CLEARLY:**

|  |  |  |  |
| --- | --- | --- | --- |
| 1. NAME: |  |  |  |
| Last | First | M.I. |

|  |
| --- |
| 2. PERMANENT HOME ADDRESS: |
|  |

|  |  |  |
| --- | --- | --- |
|  |  |  |

Street Address

City State Zip Code

|  |  |
| --- | --- |
| 3. HOME/CELL PHONE #: |  |

|  |  |
| --- | --- |
| 4. WORK PHONE #: |  |

|  |  |
| --- | --- |
| 5. EMAIL ADDRESS: |  |

|  |  |
| --- | --- |
| 6. DATE OF HIGH SCHOOL  GRADUATION/GED CERTIFICATE: |  |

7. REVIEW OF TRANSCRIPT VIA RAIL- transcript will be reviewed during interview with faculty member to insure appropriate progress through the curriculum

|  |  |
| --- | --- |
| 8. GPA ***(Must be at least 2.5)*** |  |

|  |  |
| --- | --- |
| 9. ANTICIPATED DATE OF GRADUATION: |  |

10. VOLUNTEER ACTIVITIES: *(Related to social work)*

|  |  |  |  |
| --- | --- | --- | --- |
| Agency/Organization | City, State | Nature of Activity | Length of time |
|  |  |  |  |
|  |  |  |  |
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11. List any academic honors, awards, certificates, publications or honorary scholarships:

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12. If you have been employed in human service areas, please answer the following:

|  |  |  |
| --- | --- | --- |
| Total number of human service employment hours: |  |  |
| Years | Months |

13. List all employment chronologically, beginning with current employment. Give exact dates and places of employment or activities.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Position | Employer | City & State | Beginning & End Date | Full/Part Time |
|  |  |  |  |  |
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14. The social work major is a particularly demanding one requiring hours outside the classroom as well as requiring consistent attendance. Describe any routine responsibilities which may impact your role as a student of social work.

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15. Indicate fields of social work you are most interested in pursuing as field placement or employment.

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16. BRIEFLY state the reasons you are interested in Social Work as a major:

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17. Are you in need of financial aid?

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| --- | --- |
|  |  |
| YES | NO |

18. Who is primarily responsible for the cost of your education?

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| --- |
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19. Do you have any major problems such as untreated substance abuse that would interfere with your ability to practice social work?

|  |  |
| --- | --- |
|  |  |
| YES | NO |

20. Please use the space below to discuss any other issues which may impact your ability to complete the Social Work Program.

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**ALL APPLICANTS, PLEASE READ BELOW, SIGN AND DATE:**

In making this application, I accept and agree to abide by the policies and regulations of the Social Work Program of Shepherd University concerning drug and alcohol abuse. I understand that the unlawful use of drugs or alcohol will subject me to the penalties contained in those policies and regulations. I agree to abide by the degree requirements and policies including recommendations of my advisor of the Shepherd University Social Work Program if I am admitted as a student.

I certify that the information recorded on this application is correct.

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Signature of Applicant Date

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Signature of Faculty Member Date