



SOCIAL WORK EDUCATION ASSISTANCE PROGRAM
Social Work Scholarship Application

Dear Social Work Applicant,

The Baylor Scott & White Mary Ryan Social Work Scholarship Program provides support for the education of the **BSW and MSW Social Work education in Central Texas (Texas A&M Central Texas, UT Austin, Baylor or UMHB)**. Applications are being accepted between April 1 and April 30, 2017. Please provide all requested items in the checklist. **An application will NOT be considered if it is, postmarked after April 30, 2017, missing any items from the checklist, and/or submitted with items not on the checklist.** Applicants **MUST be enrolled in a BSW or MSW program** at the time the application is submitted. Top applicants will be **interviewed on-site at Scott and White Medical Center – Temple** as part of the selection process.

Checklist

- _____ Application for Social Work Scholarship Program

- _____ Photo of applicant. Photos should not be older than 1 year and no larger than 4 x 6 inches

- _____ **Most recent** academic transcript (unofficial is acceptable)

- _____ Professional reference as required (instructions found on pg. 5 & 6)

- _____ Recommendation from Supervisor (for BS&W employees only)

I. PERSONAL INFORMATION:

Name: _____

E-mail Address: _____

Permanent Address: _____

City: _____ **State:** _____ **Zip:** _____

Home Telephone: _____

Work Telephone: _____

Cell Telephone: _____

Are you a United States Citizen? _____

Are you authorized to work in the U.S.? _____

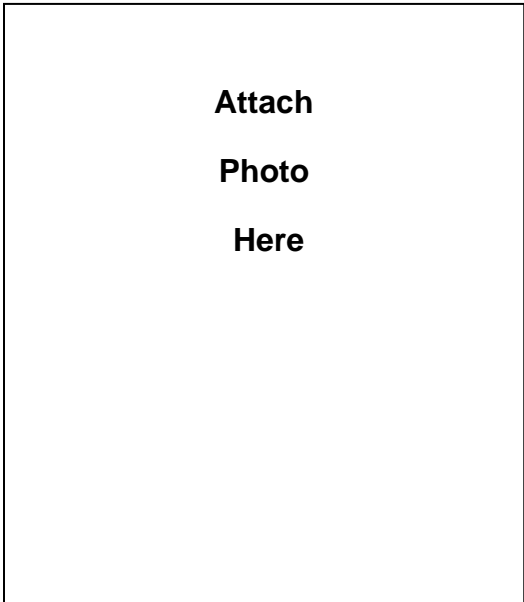
Most current GPA: _____

Social Work school you are planning to attend: _____

_____ **MSW** or _____ **BSW**

BSW / MSW Social Work Program enrollment date: _____

BSW / MSW Social Work Program graduation date: _____



II. EDUCATION AND EXPERIENCE:

Prior education: _____

School(s) attended:

<u>Name of School</u>	<u>Dates</u>	<u>Program Emphasis</u>
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_____	_____	_____
_____	_____	_____
_____	_____	_____

Are you a member of a professional social work organization(s)?

_____ Yes _____ No

If yes, please list the names of the organization(s)?

Do you hold a State of Texas Social Work License?

_____ Yes (if yes, please answer questions 1 and 2)

_____ No

1. Type of license _____ (LBSW)

2. Social Work License Number: _____

Please provide all volunteer/community service experience:

Employed at Baylor Scott & White Health:

Date of hire: _____ **Position:** _____

Department/Unit: _____ **Circle One:** FT / PT / PRN

Baylor Scott & White work history:

Dept. /Unit: _____ **Date:** _____

Dept. /Unit: _____ **Date:** _____

Dept. /Unit: _____ **Date:** _____

III. PERSONAL GOALS

A. Describe what attracted you to the Social Work profession

B. How will you advance the profession of Social Work?

C. Where do you see yourself in five years after graduation?

D. Describe your ideal job upon graduation and include any desired specialties

E. Explain how receiving a scholarship will enhance your Social Work studies.

IV. PROFESSIONAL REFERENCE ONE – (PREVIOUS COLLEAGUE OR ACADEMIC FACULTY)

To be completed for Baylor Scott & White and Non-Baylor Scott & White Employees

Name of Candidate: _____

Please rate applicant on items 1 through 4 and provide comments as needed:

Scale 1 – lowest

5- highest

1. Applicant has a strong work ethic. _____

1 2 3 4 5

2. Applicant demonstrates excellent leadership skills. _____

1 2 3 4 5

3. Applicant has an exceptional ability to relate to other. _____

1 2 3 4 5

4. Applicant has the ability to positively impact the profession of social work. _____

1 2 3 4 5

5. How long have you known the candidate and in what capacity? _____

1 2 3 4 5

6. Please make any additional comments concerning the candidate that you feel would qualify him/her for consideration.

Your name: _____

Place of Employment: _____

Title: _____

Address: _____

Home Phone: _____

Work Phone: _____

V. PROFESSIONAL REFERENCE TWO – (PREVIOUS COLLEAGUE OR ACADEMIC FACULTY)

To be completed for Baylor Scott & White and Non-Baylor Scott & White Employees

Name of Candidate: _____

Please rate applicant on items 1 through 4 and provide comments as needed:

Scale: 1 – lowest

5- highest

1. Applicant has a strong work ethic. _____

1 2 3 4 5

2. Applicant demonstrates excellent leadership skills. _____

1 2 3 4 5

3. Applicant has an exceptional ability to relate to other. _____

1 2 3 4 5

4. Applicant has the ability to positively impact the profession of social work. _____

1 2 3 4 5

5. How long have you known the candidate and in what capacity? _____

1 2 3 4 5

6. Please make any additional comments concerning the candidate that you feel would qualify him/her for consideration.

Your name: _____

Place of Employment: _____

Title: _____

Address: _____

Home Phone: _____

Work Phone: _____

VI. BS&W EMPLOYEES ONLY: RECOMMENDATION FROM SUPERVISOR

I recommend _____ (Name of applicant) for the Baylor Scott & White Social Work Scholarship. He/She has been in the employment of Baylor Scott & White since _____ (Date of hire) and has exhibited an overall satisfactory performance rating.

Comments:

Questions for Supervisor

Scale: 1 – lowest

5- highest

- | | | | | | |
|--------------------|---|---|---|---|---|
| 1. Attendance | 1 | 2 | 3 | 4 | 5 |
| 2. Problem Solving | 1 | 2 | 3 | 4 | 5 |
| 3. Team Player | 1 | 2 | 3 | 4 | 5 |

4. Would you hire into future Social Work position?

Yes _____ No _____

Supervisor Name: _____

Supervisor Signature: _____

Supervisor Unit and Title: _____

Phone Number: _____

Date: _____

VII. TERMS OF SOCIAL WORK EDUCATION ASSISTANCE PROGRAM

If I receive a social work scholarship, I will agree to the following conditions:

1. To provide copies of grades within two weeks of the end of the semester. Grades can be mailed to address provided below or hand delivered to Scott and White Memorial Center – Temple.
2. Maintain current address; phone and e-mail information from submission of application to the end of Spring 2017 semester. E-mail any changes to: Kevin.Francis@BSWHealth.org.
3. Provide documentation of enrollment in social work program at the beginning of each semester. This documentation can be mailed in with application.

Signature of applicant: _____

Date signed: _____

Please send completed applications to:

Scott and White Medical Center - Temple
Department of Comprehensive Care Management
MS-20-D532
2401 S. 31ST, Temple, Texas 76508
ATTN: Kevin Francis, MSSW, LCSW