



## MCSW/CASW SCHOLARSHIP FUND APPLICATION

Application deadlines: January 15 for education events taking place within one year of February 15  
June 15 for education events taking place within one year of July 15

### Personal Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

City: \_\_\_\_\_ Prov/Territory: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email address: \_\_\_\_\_

**I declare that I have read and understood the eligibility criteria as described in the [CASW/MCSW Scholarship Fund Policy](#) and confirm that I meet this criteria.**

1. Are you currently a practicing member of MCSW?  
Yes No
2. Have you been a practicing or non practicing member of MCSW for a minimum of 2 years?  
Yes No
3. Are you or have you been a member of the CASW or MCSW Board within the past 6 months?  
Yes No
4. Have you volunteered or supported the work of MCSW?  
Yes No
5. Are you eligible to receive financial support for this event from other sources?  
Yes No
6. Have you applied for or received financial assistance for this event from any other source?  
Yes No  
If yes, please state how much assistance will be provided: \_\_\_\_\_

## Event Details

7. Name and attached event description:

- I have included a copy of the official brochure/document/link to website outlining full event details (required)**

**Date(s) of Event:** \_\_\_\_\_

8. How will this event advance your social work practice? (please highlight the knowledge and skills you hope to acquire). Attach answer on separate sheet if necessary.

9. Are there barriers to accessing continuing education opportunities within your region or field of practice?  
 Yes No If yes, describe:

10. Please outline the expenses related to the event:

Fees (registration, etc.)	
Supplementary Materials	
Travel/Accommodations	
Other (please specify)	
<b>Total Expenses</b>	

11. Please state amount of funding being requested through the MCSW/CASW Scholarship.  
 (Funding generally will not exceed 750) \$ \_\_\_\_\_

\_\_\_\_\_  
 Member Signature

\_\_\_\_\_  
 Date

Submit Scholarship Application to:  
**Manitoba College of Social Workers, 101-2033 Portage Avenue, Winnipeg MB, R3J 0K6**  
 Phone: (204) 888-9477 Fax: (204) 831-6359 Email: [info@mcsw.ca](mailto:info@mcsw.ca) website: [www.mcsw.ca](http://www.mcsw.ca)