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.**

☐ **I understand that my Continuing Competence Program Activities will be reviewed as part of this scholarship application**

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 financial assistance will be provided: _____

7. Do you currently meet, and have you previously met, the requirements of the MCSW Continuing Competence Program?
   Yes ☐ No ☐

Activity Details

8. Name of Activity: _____

   Date(s) of Event: _____

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

9. 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.

10. Are there barriers to accessing continuing education opportunities within your region or field of practice?

Yes☐ No☐

If yes, describe:

11. Please outline the expenses related to the event:

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

12. 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 website: www.mcsw.ca