





MCSW/CASW SCHOLARSHIP FUND APPLICATION

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

PERSONAL INFORMATION:

	First Name:		Last Name:		
	Previous Name:		<u> </u>		
	Home Address:				
	City:	_ Prov/Territory: _	Postal Code:		
	Primary Telephone:		Secondary Telephone:		
	Primary E-mail:				
	Secondary Email:				
	Employer:				
1.	Name and Description of Event: (A included with the application)	A copy of the offici	al document/brochure outlining the event must b		
	,				
	Date of Event:				
2.	How will this event advance your social work practice? (Please highlight the knowledge and skills you				
	hope to acquire.)				
3.	Are you currently or have you be	en a member of th	ne CASW or MCSW Board within the past 6 month		

4.	Have you volunteered or supported the work of MCSW/MIRSW?					
	□ Yes □ No					
	If yes, describe:					
_						
5.	Are there barriers to accessing continuing education opportunities within your region or field of practice:					
	□ Yes □ No					
	If yes, describe:					
c	Are you climble to receive financial support for this event from another source (i.e. ampleyor)					
6.	Are you eligible to receive financial support for this event from another source (i.e. employer)					
	□ Yes		No			
7.	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:					
8.	Please outline the expenses related to the event:					
	Fees (regi	strati	on, etc.)			
	Suppleme	entary	/ Materials			
		Travel/Accommodations				
	Other (please specify)					
	Total Expe	enses				
•	Please state amount of funding being requested through the MCSW/CASW Scholarship (Please rate					
9.	Please state amount of funding being requested through the MCSW/CASW Scholarship (Please note					
	that funding will generally not exceed \$750)					
			Registrant Signature	 Date		