

Send this form directly to:
Department of Social Work
220 Bohannon Hall
10 University Drive
Duluth, MN 55812

DEPARTMENT OF SOCIAL WORK
APPLICATION FOR DEPARTMENTAL FINANCIAL AWARDS

This is NOT an application for the Child Welfare Scholarship

Name _____
Last First Middle

Current Address _____
Street City State Zip Code

Permanent Address _____
Street City State Zip Code

Daytime Telephone Number _____

Do you plan to apply for the Child Welfare Scholarship Program? Yes _____ No _____

Do you plan to attend full-time (6 credits or more?) Yes _____ No _____
(You must be registered for 6 credits or more to receive financial aid.)

Please write a thorough statement below describing the nature of your financial need. (Use the reverse side of this form if more space is needed.)

DUE TO THE SOCIAL WORK DEPARTMENT BY JANUARY 15, 2002
The Departmental Financial Aid Committee will also review information in
the application file when making financial awards.