

Social Work CONNECT Application

HRSA-16-069: Scholarships for Disadvantaged Students Program

*****IMPORTANT** – All interested applicants must apply to both Social Work CONNECT and the MSW Program at Barry University. Admission to Barry University School of Social Work does not guarantee acceptance into Social Work CONNECT. Applicants applying for admission **AFTER the fall 2016 semester must download this application, complete all sections, and upload into the electronic MSW application for admission.**

Incomplete applications for Social Work CONNECT will not be reviewed. New applications for MSW Admissions can be started by logging into www.barry.edu/socialwork/ and clicking *Apply Now*. Applicants will be notified of program admission via e-mail.

Name: _____ SS#: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: Cell _____ Home _____ Work _____

Age: ____ (Please provide a copy of birth certificate, driver's license, or passport)

E-Mail Address: _____

PLEASE NOTE THAT THE E-MAIL ADDRESS THAT YOU INDICATE ON YOUR APPLICATION WILL BE THE E-MAIL ADDRESS THAT THE SCHOOL OF SOCIAL WORK OFFICE OF ADMISSIONS WILL USE TO CORRESPOND WITH YOU DURING THE COURSE OF THE APPLICATION PROCESS.

Please check the semester for which you are applying to: FALL SPRING

Please indicate the FULL-TIME MSW Program for which you are applying to: FT 60 FT32

Please indicate the location for which you are applying: Miami Palm Beach Gardens

Undergraduate Institution: _____ Major: _____

Date of Graduation: _____

What high school did you attend? _____

City, State, and Zip Code in which you're high school is located in? _____

Did you complete Free Application for Federal Student Aid? Yes No

Will you be receiving financial aid this upcoming semester? Yes No

How many people are currently living in your home (spouse, dependents, and children)? _____

Do you receive public assistance (e.g., Temporary Assistance to Needy Families, Supplemental Nutrition Assistance program, Medicaid, and/or public housing)? Yes No (If yes, please provide proof)

GENERAL REQUIREMENTS FOR CALCULATING FINANCIAL NEED

- Parental income must be used to determine a student’s eligibility for financial need in all cases **except** in those cases where the student is considered independent by being at least 24 years old and not listed as a dependent on his or her parents’ income tax for 3 or more years. In those cases, the student’s income will be used instead of parental income*.
- If a student is at least 24 years old and is unable to provide proof that he or she can be deemed independent, then he or she will be considered dependent and schools must use the parental income for financial need.

What is your household income? _____

Have you filed tax returns independently for at least 3 years? **Yes** **No**

If you are 25 years or older, please provide a copy of the past year’s income tax returns. If you are 24 years or younger, please submit a copy of your tax returns for the past 3 years with this application. If you are claimed as a dependent, please submit the tax returns for the past 3 years of the claimant.

Please identify your Race and Ethnicity.

- | | |
|---|---|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Asian |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Hispanic or Latino |
| <input type="checkbox"/> Native Hawaiian or other Pacific Islander | <input type="checkbox"/> White |
| <input type="checkbox"/> Two or more races (<i>Please specify</i>): _____ | |

What language(s) do you speak? _____ **Write?** _____

Please indicate if there are any special accommodations you require in order for you to effectively perform course and field work (medical or otherwise) _____

Have you ever been convicted of a misdemeanor or felony? Yes _____ No _____

If yes, indicate the offense(s), date(s), location(s), and penalties. Convictions are evaluated for each position and are not necessarily disqualifying.

If selected to participate in Social Work CONNECT, I understand that I am expected to (**Please initial each line**):

- _____ Enroll on a full time basis
- _____ Attend any scheduled meetings and activities including leadership & community engagement events, monthly seminars, college CONNECT, and required professional development events.
- _____ Maintain a cumulative GPA of at least 3.0 on a 4.0 scale for all MSW graduate course work.
- _____ Complete a field education internship in a health care setting.
- _____ Work in medically underserved communities and with underrepresented minorities.

_____ Have access to a vehicle/ reliable transportation.

_____ Complete a 1 year work POST-graduation commitment to working within a medically underserved community and/or health care setting. *Please note that employment can be obtained nationwide.* This commitment **does not** need to be fulfilled in South Florida.

Personal Statement

Using a separate document, please answer the following questions using a double-spaced, Times New Roman, 12 PT Font. Please DO NOT exceed 5 pages.

1. Discuss your community? From your perspective, what are your community's strengths and assets? In your opinion, what is your community's greatest source of struggle?
2. Please discuss one factor (social, environmental, and behavioral) that causes community marginalization and your view on how social work intervention can play a role in improving this factor's impact on a community?
3. Please discuss a group or population of individuals that you feel are medically underserved? In your estimation, what types of social work interventions would be most beneficial to this group or population?
4. Please reflect on the importance of interpersonal interactions between social workers and other health care professionals (doctors, nurses, and health care workers) in ensuring the successful care of the medically underserved population that was discussed in question # 3.

I am aware that failure to adhere to any of the above stated requirements could result in my disqualification from Social Work Connect. I hereby affirm that all of the information provided in this Social Work CONNECT Application is true.

Applicant Signature: _____

Date: _____