



MISSISSIPPI CONFERENCE ON SOCIAL WELFARE

Scholarship Application

Submit to info@mcsw.org along with your typed essay (see below).

Student's Name:

Mailing address:

Email address:

Phone:

University Currently Attending:

Grade Point Average:

Current Semester:

Academic Advisor's Signature: _____

My Signature certifies that this student has attained the Grade Point Average listed above.

My Signature certifies that this student is in 'good standing' at the University.

Academic Advisor - Please check one of the following:

I recommend this student for consideration for the MCSW Scholarship.

I do not recommend this student for consideration for the MCSW Scholarship.

Academic Advisors Office/Work Number: _____

Students – Please attach a separate paper (typed, double spaced) that includes the following:

1. List memberships in any organizations, and/or office(s) held or leadership responsibilities that you have participated in while enrolled in the Master's Program.
2. List any honors or awards received while enrolled in the Master's Program.
3. Prepare an essay outlining why you believe that you should be selected to receive the MCSW Scholarship Stipend. Limit the essay to no more than 3 typed pages.

Applicant's Signature:

Date:

For Office Use Only – Reviewed by:

Date Received: