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**FLORIDA ASSOCIATION OF SCHOOL SOCIAL WORKERS**

## RUTH ANNE ST. JOHN SCHOLARSHIP APPLICATION FORM

(Please print or type)

Applicant’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_\_

Last First MI Age

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

Street City, State Zip

Telephone:( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you currently enrolled in an Master’s of Social Work program as a clinical level or advanced standing student? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Graduate School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
Are you currently assigned to complete a field internship in a public or private school in the state of Florida? \_\_\_\_\_\_\_\_\_\_\_\_\_

If yes, list the location of Field Placement: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

County and School

Field Instructor’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you receiving any financial aid? \_\_\_\_\_\_\_\_ If yes list type(s)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Estimate yearly family income: $\_\_\_\_\_\_\_\_\_\_\_

List the number of persons in your immediate family. \_\_\_\_\_\_\_\_\_\_

Are family members able to contribute to your educational expenses? \_\_\_\_\_\_\_\_

If yes, approximately how much: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What are your anticipated total educational costs? $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you employed? \_\_\_\_\_\_\_ If yes, where?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How many hours a week do you work? \_\_\_\_\_\_\_\_\_\_

What is your planned area of concentration?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Thank you for completing this application. The Scholarship Committee.

**Email this form and all required items by** **October 10, 2016** **to:** **Amber DeMorse, MSW at** [**fasswscholarships@gmail.com**](mailto:fasswscholarships@gmail.com)