**APPLICATION FOR THE MICHAEL L. CLEMENTS**

**FALL EDUCATION CONFERENCE SCHOLARSHIP**

**FOR SOCIAL WORK STUDENTS**

**BY**

**THE NCPHA-SOCIAL WORK SECTION**

The purpose of this award is to promote social work student involvement in the NCPHA-Social Work Section activities and to educate students on potential public health social work careers. This scholarship will be used to support a registration for the NCPHA Fall Education Conference which includes all meals. Additionally, the scholarship will cover the cost of a student’s first annual membership and Social Work Section fee to NCPHA for the calendar year after the conference.

A. The scholarship to attend the NCPHA Fall Education Conference and Social Work Section meetings shall be limited to students enrolled in a social work program that is accredited by the Council on Social Work Education.

B. The applicant selected for the scholarship must be enrolled in the social work program at the college or university they are attending in the fall semester prior to attending the NCPHA Fall Education Conference. Confirmation will include either a copy of an acceptance letter with enrollment date or an unofficial copy of the applicant’s transcripts.

C. The applicant(s) must confirm in writing their interest in pursuing a career in public health social work. The applicant(s) need not be a resident of North Carolina at the time of application. Applications must be submitted to the Scholarship Committee Chair as soon as possible and no later than ***August 31,2021. Applications received after this date will not be considered, unless approved by the Scholarship Committee.***

D The recipient(s) is expected to attend the Fall Annual Education Conference in its entirety, **including all Social Work Section activities**, with the approval of his/her advisor/instructor. The conference will take place at the ***Crown Plaza Hotel in Asheville on October 6-8, 2021***

E. ***The applicant is also required to submit a written summary of their conference experience within 30 days after the conference.***

**It is imperative that all criteria be completed and submitted with the application by the indicated deadline. Any omissions will void the application. The following information must be submitted:**

* Completed Scholarship Application form
* A resume listing applicant’s complete work and/or educational history with job responsibilities outlined.
* A typed, one-page explanation on how the applicant(s) expect(s) to apply the training towards a role in public health social work.
* At least (2) letters of recommendation from persons who have knowledge of your public health/social work interest.
* Confirmation of acceptance/enrollment in a Social Work Program (BSW or MSW) that is accredited by the Council on Social Work Education.

Please be sure that the attached application is completed with all criteria and emailed by **August 31st.**

**Please submit this application to: Kim McNeal, CCM**

**Social Work Section Scholarship Committee**

[**kmcneal@co.rockingham.nc.us**](mailto:kmcneal@co.rockingham.nc.us)

**fax: 336-342-8170**

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***Please type in responses.***

Name: Home Telephone:

Home Address:

Email Address: Cell Phone:

Institution’s Name:

Institution’s Address:

Student Status: Part Time  Full Time

Student Classification: Junior  Senior  Graduate Student

Expected date of graduation/completion:

***If I am selected for this scholarship, I plan to attend the entire NCPHA Fall Education Conference including all Social Work Section activities.***

**Student’s** Signature/Date:

**Advisor’s** Signature/Date:

**It is imperative that all criteria be completed and submitted with application. Any omissions will void application.**

**Attachments:**

Completed Scholarship Application form

A resume listing their complete work history and outlining job responsibilities

A typed, one-page explanation on how the applicant(s) expect(s) to apply the training towards a role in public health.

Submit at least two (2) letters of recommendation from persons who have knowledge of your public health social work interest.

Confirmation of acceptance into an accredited educational institution**.**

**Please submit this application to: Kim McNeal, CCM**

**Social Work Section Scholarship Committee**

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