

<b>Office Use Only</b>
Date Received: _____
Transcript Received: _____
Advisor _____



## Application to the Bachelor of Social Work Program

### Personal Information

Name (Last, First, Middle): \_\_\_\_\_ Student #: \_\_\_\_\_

Local mailing address: \_\_\_\_\_

Street

City

State

Zip Code

Cell Phone: (    ) \_\_\_\_\_ Alternative Phone: (    ) \_\_\_\_\_

Preferred e-mail address: \_\_\_\_\_

Permanent mailing address: \_\_\_\_\_

Street

City

State

Zip Code

Date of Birth (month/day/year): \_\_\_\_/\_\_\_\_/\_\_\_\_

Sex:  Female

Male

### Academic Qualifications

Cumulative GPA: \_\_\_\_\_

Number of credit hours completed to date: \_\_\_\_\_

**Check the BSW program course prerequisites that you have completed and indicate the grade received. If you are currently enrolled in a class, please put an "E" for enrolled in the blank. Prerequisites you are missing can be made up after admission to the program.**

Course	Grade
<input type="checkbox"/> General Psychology	_____
<input type="checkbox"/> Introduction to Sociology	_____
<input type="checkbox"/> Introduction to Social Work	_____
<input type="checkbox"/> Sophomore Seminar	_____
<input type="checkbox"/> Human Diversity	_____

### Other college(s) attended:

College/University: \_\_\_\_\_ Location: \_\_\_\_\_

Major(s): \_\_\_\_\_ Dates of Attendance: \_\_\_\_\_ Degree Awarded: \_\_\_\_\_

College/University: \_\_\_\_\_ Location: \_\_\_\_\_

Major(s): \_\_\_\_\_ Dates of Attendance: \_\_\_\_\_ Degree Awarded: \_\_\_\_\_

### Prior Social Work Education

Have you ever been dismissed from a social work program at another institution?  Yes  No

If yes, please explain:

### Legal History

\*Have you ever been arrested or convicted of a misdemeanor or a felony?  Yes  No

If yes, please explain:

*\*Please note, a yes response does not automatically mean that you will be denied admission to the BSW program.*

### Volunteer and Work History

Please list the last three paid or volunteer positions you have held. Start with the most recent.

Employer/Agency	Job Description	Dates of Service
Name:  Location:	<input type="checkbox"/> Paid <input type="checkbox"/> Volunteer What I did:	Dates:  Reason for leaving:
Name:  Location:	<input type="checkbox"/> Paid <input type="checkbox"/> Volunteer What I did:	Dates:  Reason for leaving:
Name:  Location:	<input type="checkbox"/> Paid <input type="checkbox"/> Volunteer What I did:	Dates:  Reason for leaving:

### Additional Work History

Do you expect to be employed while completing this major? (including work-study)  Yes  No  
How many hours per week do you plan on working? \_\_\_\_\_

### Transportation

Do you have a valid driver's license?  Yes  No  
Do you have an insured vehicle?  Yes  No

I understand that my practicum placement during my senior year may not be in Bolivar, I also understand I will be required to have transportation during my placement.  Yes  No

### Program Questions

How did you first hear about SBU's BSW Program? \_\_\_\_\_

What most attracted you to SBU's BSW Program? \_\_\_\_\_

## Personal Narrative

Respond to the below areas in a 2-3 page (double spaced) personal narrative that will assist us in understanding your motivation for pursuing a BSW degree. Ensure your name is on each page of the document and attach it to this application.

1. Describe your family (both of origin and current).
2. What is your personal motivation for wanting to study social work?
3. What are your future career goals?
4. What have been your experiences in helping others, including others with backgrounds and characteristics different from your own?

I certify that the information I have provided in this application is true and accurate to the best of my knowledge. I understand that withholding or falsifying information on this application is sufficient cause for denial of admission or dismissal from the program once admitted. I understand that under the Family Educational Rights and Privacy Act of 1974, the information provided in this application and the supporting documentation will be kept confidential to the extent required by the Act. As part of the application and admission process, I understand my file will be available to appropriate University officials, to the Director of the BSW program, and to those designated by the Director to conduct the process of selection.

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_



## General Instructions for Letters of Recommendation

As part of your application to the BSW program, you are required to provide **three** letters of recommendation. The form for the recommendation letters follows these instructions. You should provide a letter from each of the below areas.

- 1) **Professional Reference** – from someone who has supervised you in a work or volunteer setting.
- 2) **Academic Reference** – from a professor or an academic advisor who is familiar with your academic work.
- 3) **General Reference** – from someone of your choice who will be able to assess your abilities.

In addition, **please do not use a friend, relative, or SBU social work faculty member for any of the above references.**

### Please note:

- 1) You must fill out the “To the Applicant” box on each of your reference letter forms prior to giving it to your reference. You must choose whether you are waiving your right to see the letter, and you must sign each reference form. Forms that are received and have not been properly completed may not be accepted.
- 2) You should provide your reference with a printed reference form and an envelope. You should have your reference put the letter in the envelope and sign across the back. If your reference is at a distance and will need to mail the letter, you should provide them with a stamped envelope that is addressed to YOU. You should turn in all three unopened reference letters with your application packet. ***Please do not have your references mail the letters to the Behavioral Sciences Office.***
- 3) You are responsible for making sure you get all three reference letters back in time to turn in with the rest of your application materials by the **deadlines on page 1**.

## Letter of Recommendation for the BSW Program

**To the Applicant: Please read and complete this section of the form.** Deliver or mail this form to the person who will write your recommendation. Ask the person writing the recommendation to return it to you in a sealed envelope with their signature across the seal. Submit all three letters of recommendation with your application and other required documentation by the application deadline on page 1.

Name of Applicant (print) \_\_\_\_\_  

Last
First
Middle

In accordance with the Family Education Rights and Privacy Act of 1974 (FERPA), you may waive your right to inspect this recommendation by signing the statement below.

**I choose to  waive  not waive my right of access to this letter.**

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**To the Reference:** The above listed person is applying for admission to Southwest Baptist University's Bachelor of Social Work (BSW) program. Thank you for providing us with your honest assessment of this applicant in order to assist us in determining this applicant's suitability for social work. **Please return this form in a sealed envelope with your signature across the seal to the applicant.** Please note, in accordance with the Family Education Rights and Privacy Act of 1974 (FERPA), it is possible that an applicant may read your reference unless he or she waives that right.

How long have you known the applicant? \_\_\_\_\_ Nature of Relationship \_\_\_\_\_

Please rate the applicant relative to other students, employees, or people interested in social work whom you have known:

	Superior	Good	Average	Below Average	Unsatisfactory	Unknown
Academic potential						
Intellectual ability						
Maturity, Emotional stability						
Verbal communication skills						
Written communication skills						
Critical thinking ability						
Leadership potential						
Ability to work with others						
Self-Awareness						
Constructive use of feedback						

**Additional Comments (attach a letter to this form if needed):**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Phone: (     ) \_\_\_\_\_

Name (Print): \_\_\_\_\_ Title: \_\_\_\_\_

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Name of Applicant (print) \_\_\_\_\_  
Last First Middle

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Self-Awareness						
Constructive use of feedback						

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Phone: (     ) \_\_\_\_\_

Name (Print): \_\_\_\_\_ Title: \_\_\_\_\_