

Integrated Health with Medically Underserved Populations Scholarship Application

Submit Completed Application to ssw.specialprograms@umich.edu

| Name: | |
|-------|---|
| H | e Phone: Cell Phone: |
| E | il Address: |
| | Statement |
| Α | ess the following topics in an 800-word statement (double-spaced, 12-point font): |
| | Your specific interest in social work practice with individuals and their families across the life-span in high need and medically underserved geographic areas |
| | Your specific interest in social work practice using integrated healthcare models of care delivery (physical health, mental health, and substance use disorders) and engaging in opportunities for interprofessional education |
| | Your specific interest in working with high need and underserved communities in your field placemen |
| | Your commitment to seek future post MSW degree social work employment focusing on continued work in high need and underserved areas with a shortage of health professionals providing clinical services |
| | Share any relevant experiences that position you well for this scholar program |
| | Financial Aid Unusual Circumstances/Comments If you have unusual circumstances/comments regarding your financial situation, you may share information below. |
| | ertify that all information submitted on this form is complete and correct. I understand that misrepresentation of by portion of this application, including supporting documents, may be cause for canceling my admission or nancial aid award. I also understand that all documents that I submit become the property of the University of ichigan. |
| | ive permission to the special program(s) to which I applied to access my School of Social Work application and to access my application for review purposes. |
| | Signature (check box to sign) Date: |

In order to meet the special program application deadline, your MSW application must be complete and all required supporting documents received by the special program application deadline.