



Integrated Health Scholarship Application

Health, Mental Health, and Behavioral Health

Submit Completed Application to: ssw.specialprograms@umich.edu

Name: _____

Home Phone: _____ Cell Phone: _____

Current Mailing Address: _____

City

State / Country

Zip

Email Address: _____

Statement

Address the following topics in a statement that is double-spaced (12-point font) and totals one page in length:

- Your **SPECIFIC** interest in social work practice in integrated healthcare models of care delivery.
- Your Commitment to actively promote and improve integrated healthcare delivery by **seeking future social work employment focused on integrated health delivery** to clients with health, mental health, substance abuse and/or other behavioral health challenges and their families.

Financial Aid Unusual Circumstances/Comments

If you have unusual circumstances/comments regarding your financial situation, you may share information below.

I certify that all information submitted on this form is complete and correct. I understand that misrepresentation of any portion of this application, including supporting documents, may be cause for canceling my admission or financial aid award. I also understand that all documents that I submit become the property of the University of Michigan.

I give permission to the special program(s) to which I applied to access my School of Social Work application and to photocopy materials from 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.