



SENIOR PLANNING

Senior Planning Social Work & Eldercare Award

Application for (Circle One): **Fall or Spring**

Open to applicants with fewer than 90 credit hours towards their current degree. Applicants shall be working towards a degree in social work with the intent on assisting seniors and the elderly upon graduation.

Section One

Student Information

Student Name: _____

Mailing Address: _____

City/State/Zip Code: _____

Phone: _____ Email: _____

Gender: _____ Ethnicity: _____

Date of Birth: _____ Country of Residency: _____

Name of College/University Currently Attending: _____

Estimated date of AA degree completion: _____

Name of College/University you will be attending Fall or Spring (Choose One): _____

***Please include a copy of the letter of acceptance.

In the upcoming semester, you will be a (circle one): Freshman Sophomore Junior Senior

Will you be attending school (circle one): Part-Time Full-Time

Please list your desired major: _____

How did you hear about the Senior Planning Scholarship Program: _____

Section Two

Personal Statement

The Senior Planning Social Work & Eldercare Award is for those who have demonstrated a commitment to the community in regards to healthcare and social assistance and intend to apply those experiences to a future career in the social work field. Please answer each of the following questions in 500 words or less:

- 1.) Please describe what influenced your decision to go into a career in the healthcare and/or social working fields?
- 2.) Tell us what you view as the most important single characteristic for a practicing social worker, and how you will embody that characteristic in your professional work.
- 3.) Why do you feel you are a strong candidate for this award and what sets you apart from other candidates in your field?

Letters of Recommendation:

Please provide us with at least two letters of recommendation from individuals that you know well but are not related to you. They should outline why you are a good candidate for our scholarship program and in what capacity they know you. Letters from professors, employers, volunteer supervisors, etc. are preferential.

Section Three

Terms of Release

Application Certification:

I certify the information providing in this application is accurate to the best of my knowledge. I have not knowingly withheld any facts or circumstances that could otherwise jeopardize consideration of this application. In addition, I certify that I am not related to any current employees or board members of Senior Planning.

Signature of Applicant: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____
(if applicant is under 18)

Release of Information:

I certify that I have read and review the criteria for the Senior Planning Scholarship. I also understand that if I do not submit the required information or if it arrives after the due date, my application will not be considered. I understand the submission of this application does not ensure receipt or award of any Senior Planning Scholarship proceeds. Finally, I agree to adhere to all of the terms and conditions of my scholarship(s) if I am selected as a recipient.

Signature of Applicant: _____ Date: _____

**Scholarship Applications Must be Postmarked by July 31 or December 15th.
Mail Your Completed Application to:**

Senior Planning Scholarship
Attn: Jacob Edward
PO Box 7597
Phoenix, AZ 85011