**APPLICATION FOR THE CHILD WELL-BEING AND CHILD WELFARE (CW2) SPECIALIZATION**

Return your completed application and resume to Emily Schulz, Associate Director of Academic Affairs, Office B-19, 3701 Locust Walk, Philadelphia, PA 19104. **Application due March 6, 2015** for MSW students starting their second year field internship in the Fall Semester.

***Please type or print information clearly***

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/State/Zip code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your current student status:

\_\_\_\_\_\_ I am enrolled in the MSW Full-time (two year) Program

\_\_\_\_\_\_ I am enrolled in the MSW Advanced Standing Program

Name of your field instructor and contact information (phone and e-mail)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of your practice instructor and contact information (phone and e-mail)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How did you hear about the CW2 Specialization?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Attach brief typewritten responses to the following questions on a separate page (one paragraph per question)

1. What goals do you want to achieve while enrolled in the CW2 Specialization? How do these goals relate to achieving your overall career objective?
2. Discuss the social work attitudes, knowledge, and experiences that you will bring to the CW2 Specialization.
3. What additional training and mentorship do you need to accomplish your career objective and goals?

**By signing below, you give CW2 faculty permission to contact your practice and field instructors, and/or your academic advisor, and to access your student file to render a decision regarding your acceptance into the CW2 Specialization.**

Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_