

Social Work Leaders in Health Care of Metro St. Louis, Inc.

***Distinguished Student Award
Nomination Application***

Name: _____

Address: _____

Telephone: _____ Email: _____

Number of semester hours completed: _____ Anticipated graduation date: _____

Name of graduate institution: _____

Concentration: _____

Name(s) of undergraduate universities: _____

Date of degree: _____ Type of degree (e.g., BA, Economics): _____

Enclosures:

1. Most recent graduate transcript (photocopy acceptable)
2. Summary of your career goals in social work and health care (300 word maximum)
3. Two professional letters of recommendation, one of which is from a practicum instructor
4. Resume

Deadline for entry is January 31

Mail **completed** application packet to:

Social Work Leaders in Healthcare
Student Award Committee Chair
8816 Manchester Rd, Box #168
Saint Louis, MO 63144

Electronic applications will not be accepted.

Questions: socialworkleaders@gmail.com