

**AON/CASW SCHOLARSHIP
Application Form**

Section 1: PERSONAL INFORMATION

Name: _____

Address: _____

Telephone (Office): _____ (Home) _____

Fax: _____ Email: _____

Section 2: EVENT

Event date and location: _____

-Rational for attendance at event

Please indicate the following:

-Involvement in local, provincial and/or national association (specific activities, committees, projects, positions held, etc.)

Section 3: SUPPORTING DOCUMENTATION

Letter of recommendation from provincial/territorial CASW Member Organization, including verification of membership.

I have not received this scholarship within the past five years. If selected for this scholarship I agree to write an article for the CASW Bulletin under the time lines given to me by the National Office.

Applicant's Signature

Date

Please send the package as indicated to:

Canadian Association of Social Workers (CASW)
383 Parkdale Avenue, Suite 402
Ottawa, ON K1Y 4R4
Fax: (613) 729-9608
