

**THE PSCSW AWARDS FOR CLINICAL EXCELLENCE  
APPLICATION FORM**

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

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Home/Cell Phone:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Title of Paper:** \_\_\_\_\_  
\_\_\_\_\_

**Name of Clinical Practice Professor and/or Sponsoring Professor:**  
\_\_\_\_\_

**Email of Clinical Practice Professor and/or Sponsoring Professor:**  
\_\_\_\_\_

**Field Placement:**

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Phone:** \_\_\_\_\_

**Supervisor's Name:** \_\_\_\_\_

**Supervisor's Email:** \_\_\_\_\_

I affirm that I am a graduating MSW/MSS Student: \_\_\_\_\_ (initial)

I understand that the award is contingent upon my attendance at the PSCSW Annual Meeting,  
held on a Sunday afternoon in late fall: \_\_\_\_\_ (initial)

Religious conflicts which prevent attendance will be honored.