

PSCSW Awards for Clinical Excellence Application Form

Name: _____ **Phone Number:** _____

Address: _____ **City:** _____

State: _____ **Zip:** _____

Email: _____

Title of Paper: _____

Option A: _____ **or Option B:** _____

Clinical Practice Professor or Sponsoring Professor: _____

Professor Email: _____

Field Placement: _____ **Phone:** _____

Address: _____ **City:** _____

State: _____ **Zip:** _____

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.

Applications Due by May 1st, 2021 to the PSCSW via Email at

PSCSW@PSCSW.org