

**Scholarship  
APPLICATION FORM**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Email: \_\_\_\_\_  
School \_\_\_\_\_ Degree Program MSW \_\_\_\_\_ BSW \_\_\_\_\_  
Anticipated Graduation Date \_\_\_\_\_ Student ID # \_\_\_\_\_

**AUTHORIZATION FOR RELEASE OF INFORMATION**

The NASW-DE Chapter is pleased to have the opportunity to honor our scholarship recipients. We would like to highlight the important contributions you are making to the social work profession.

By signing below you will authorize NASW-DE to post, on the Chapter's web site and in various publications including the NewSWire, biographical information that you included in your application for a scholarship. Your name as a scholarship recipient is a matter of public record.

By signing below, (please check each one)

\_\_\_ I permit the NASW-DE to print biographical information, in addition to my name, school and program, on the NASW-DE Chapter web site and in various publications.

\_\_\_ I understand as a scholarship recipient that my name and school may be used in administrative and other reports or publications released from NASW-DE and NASW. I do not permit the Chapter Office to distribute any additional information.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
Name (please print)