

WESTERN MICHIGAN UNIVERSITY  
School of Social Work

**APPLICATION FOR ADMISSIONS TO THE UNDERGRADUATE  
SOCIAL WORK PROGRAM**

**PLEASE PRINT**

Student WIN Number \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle/Maiden Name \_\_\_\_\_

Local Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Local Telephone \_\_\_\_\_ Home Telephone \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Gender  Female  Male Age \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Racial/ethnic group (optional)

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Native American         | <input type="checkbox"/> Hispanic/Chicano                                | <input type="checkbox"/> Caucasian                               |
| <input type="checkbox"/> African American/Black  | <input type="checkbox"/> Multiracial (having parents of different races) | <input type="checkbox"/> International (In U.S. on student visa) |
| <input type="checkbox"/> Asian or Pacific Island |  |  |

United States Citizen?  Yes  No Country of Legal Residence \_\_\_\_\_ State of Legal Residence \_\_\_\_\_

**EDUCATION:** List in order all educational institutions attended **since** high school.

**PROVIDE (WITH THIS APPLICATION) TRANSCRIPTS FROM ALL COLLEGES AND UNIVERSITIES**

Name and Location of Institution	Attendance Dates	
	From Mo./Yr.	To Mo./Yr.
	/ - /	/
	/ - /	/
	/ - /	/
	/ - /	/

**CURRENT CURRICULUM**

Total Academic Hours Completed to Date \_\_\_\_\_ Hours Currently Enrolled \_\_\_\_\_

Have you completed the following courses or their equivalents?

SWRK 2100  Yes      SWRK 3000  Yes      SWRK 3330  Yes  
SOC 2830  Yes      SWRK 3200  Yes      SWRK 3500  Yes

Anticipated graduation date (month/year): \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Have you served in:    Armed Forces       Yes      Dates \_\_\_\_\_/\_\_\_\_\_-\_\_\_\_\_/\_\_\_\_\_  
                                  Peace Corps         Yes      Dates \_\_\_\_\_/\_\_\_\_\_-\_\_\_\_\_/\_\_\_\_\_  
                                  Vista                 Yes      Dates \_\_\_\_\_/\_\_\_\_\_-\_\_\_\_\_/\_\_\_\_\_  
                                  Americorps         Yes      Dates \_\_\_\_\_/\_\_\_\_\_-\_\_\_\_\_/\_\_\_\_\_

Have you ever been convicted of a crime (misdemeanor or felony)?  Yes  No

**If yes, an interview is required.**

**COMMUNITY SERVICES** (Volunteer Work, Leadership Service)

Name of Organization	Job Description/Title	Beginning/Ending Dates (Month/Year)	Number of hours/week or total
		/ - /	___/wk or ___ total
		/ - /	___/wk or ___ total
		/ - /	___/wk or ___ total
		/ - /	___/wk or ___ total
		/ - /	___/wk or ___ total

**EMPLOYMENT** (List any paid experiences **post high school**)  
(List full-time employment separate from part-time employment.)

Name of Organization	Job Description	Beginning/Ending Dates (Month/Year)	Number of hours/week
		/ - /	/wk
		/ - /	/wk
		/ - /	/wk
		/ - /	/wk
		/ - /	/wk

**SUPPLEMENTARY STATEMENT**

This statement will be read and evaluated as one criterion in determining applicant's admissions status. The statement must address **all** of the items below. Statements should be three to four pages long, typed and double spaced, and attached to this form. Respond separately to each item below in the order presented.

1. **Professional Focus.**
  - a. Explain when and how you became interested in social work as a profession.
  - b. Identify a client population you would like to work with and elaborate on why you selected this group.
  - c. Identify and discuss a social problem that concerns you.
2. **Diversity Focus.** Social work involves working with people of varied backgrounds. Describe and elaborate on your experiences with diversity. Focus on social, familial, educational, or employment settings where you have encountered people from whom you differ.
3. **Personal Focus.** Using specific examples:
  - a. Identify your strengths related to the social work profession.
  - b. What character traits do you have that will help you be successful in the Social Work profession?
  - c. Identify current limitations that may present obstacles to your professional development and how you plan to overcome these limitations.

I hereby apply for admission to the School of Social Work at Western Michigan University, and certify that to the best of my knowledge all of the above and the attached statements are correct and complete.

Signature \_\_\_\_\_ Date \_\_\_\_\_

- Send:
- 1) The application form,
  - 2) Your supplementary statement, and
  - 3) All transcripts from previously attended Community Colleges and Universities (even if already sent to WMU) to:

School of Social Work  
Western Michigan University  
1903 W. Michigan Ave.  
Kalamazoo, MI 49008-5354