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MSSWA

MINNESOTA SCHOOL SOCIAL WORKERS ASSOCIATION



Don Rinkenberger Scholarship Application Form

(Please type or print)

Applicant's Name: _____

Home Address: _____

Telephone: _____

Name of University: _____

Are you enrolled in a Graduate or Undergraduate program? _____

Are you currently assigned to complete a field practicum in a public or private school in the state of Minnesota?

If yes, list the location of the field placement: _____

Field Instructor's Name: _____

Media Release:

MSSWA may use application information for publicity of the scholarship recipient. (Information will not include home address, phone or transcript data)

Signature: _____ Date: _____

Thank you for completing this application. Please submit this form along with supporting documents found on the MSSWA Scholarship Information Sheet to MSSWA postmarked By: February 1st, 2019

MSSWA % Jeri Nomeland
1120 Oakland Park Road, Thief River Falls, MN 56701
(218)689-1808