



MINNESOTA SCHOOL SOCIAL WORKERS ASSOCIATION

DON RINKENBERGER SCHOLARSHIP APPLICATION FORM

(Please type or print)

Applicant's Name: _____
Last First MI

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: _____

Thank you for completing this application. Please submit this form and the supporting documents found on the MSSWA Scholarship Information sheet to MSSWA postmarked by

March 23rd, 2018.

***MSSWA C/O Jeri Nomeland
1120 Oakland Park Road, Thief River Falls, MN 56701
218-689-1808***