NASW Membership Grant Application

NASW-NE Chapter invites applications for a free or reduced NASW membership:

Applications will be evaluated on the quality of the applicant’s personal statement, the amount of community/NASW involvement the applicant has, and the availability of NASW-NE’s limited resources.

Submit this completed application along with:

1) Please submit a short personal statement that would include the following elements:
   a. List any activities with which you have been involved. Please indicate, where appropriate, any leadership positions you have held.
   b. If you have been employed, performed volunteer work, had practicum experiences, or held other positions of responsibility, please describe the length, dates and duties of your position(s).
   c. How are you promoting the field of social work and drawing awareness of social justice issues to your school or community as NASW strives to do?
   d. What are your goals for the future?
   e. What has been your involvement with NASW and what will it be in the future?
   f. Include your adherence to the NASW Code of Ethics.
   g. Describe the reason for applying for this membership grant and if the need will exist into the future.

2) Please complete the contact information below.

   Email this form, along with the above information, to naswne@naswne.org to:

   NASW Membership Grant Committee
   Nebraska Chapter of the National Association of Social Workers
   650 ‘J’ Street, Suite 208
   Lincoln, NE  68508

   For further information, please contact Terry Werner at naswne@naswne.org or 402-477-7344

   Name: ________________________________

   Phone (home): ________________________________  Cell/Other: ________________________________

   E-mail Address: ________________________________

   Are you able to contribute to your membership?       Yes       No

       If so, how much $__________________.

   Applications will be assessed and determined within 30 days of receipt.

   Section D: Signature:

   Signature: ________________________________  Date: ________________________________

   Your signature certifies that the information in your application is accurate and complete, and that you authorize the NASW-NE Chapter to utilize the information to weigh your application for a NASW Membership Grant.