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MSSWA

MINNESOTA SCHOOL SOCIAL WORKERS ASSOCIATION



Don Rinkenberger Scholarship Application Form

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 24, 2023.

Mail your application to:

MSSWA

% Jeri Nomeland

1120 Oakland Park Road,

Thief River Falls, MN 56701

Contact Jeri Nomeland with questions

#(218)689-1808