University at Albany - School of Social Welfare

APPLICATION FOR INTERNSHIPS IN AGING PROJECT

Return completed application **and one copy of your resume** to: Linda Mertz, Coordinator, Internships in Aging Project, School of Social Welfare, University at Albany, 135 Western Avenue, Albany, NY 12222. **Application deadline is February 1, 2004** for students starting their advanced field year in Fall 2005, however applications received before the final due date will be considered as received.

Please type or print information clearly

Name:_____ Social Security Number: _____

Mailing Address: _____

City/State/Zip code: _____

Telephone: _____ Email: _____

Your current student status: _____ I am applying for the MSW program (___ Full time; ___ Part time)
_____ I am applying for the MSW Advanced Standing Program
_____ I am currently in the MSW program (___ Full time; ___ Part time)

When will you be ready to start the second field placement? Year _____

How did you hear about the Internships in Aging Project at University at Albany?_____

Please briefly address the following questions on a separate page (one paragraph per question)

1. What are your career goals? Where do you see yourself 5 years from now?
2. Why are you interested in working with older persons?
3. Discuss the attitudes, experiences, and skills that you will bring to this project.

For those entering the advanced or second year of the IAP (usually the 2nd year of the MSW program), please provide us with the name of your first year field instructor or other social work supervisor as a reference.**

_____	_____	_____
Name	Position	Phone Number

** If applying prior to your first year, you can give us your field instructor's name at a later date.

To be considered for the Internships in Aging Project, you must be in good standing in the MSW program. **(By signing below, you give us permission to contact your reference, access your student file and/or faculty and share information about your background with project staff and potential field instructors with the Internships in Aging Project.)**

Student Signature: _____ Date: _____