



205 Peters Hall  
1404 Gortner Avenue  
St. Paul, MN 55108  
612-624-4231



## BSW Consortium Information Form

Date \_\_\_\_\_

Name \_\_\_\_\_

College Address and Phone Number \_\_\_\_\_  
\_\_\_\_\_

Permanent Address and Phone Number \_\_\_\_\_  
\_\_\_\_\_

Email Address \_\_\_\_\_

Year in school (Sr., Jr.) \_\_\_\_\_

Major/Minor \_\_\_\_\_

Enrollment Status (full-time/part-time, not enrolled) \_\_\_\_\_

Semester/year started IV-E Child Welfare grant \_\_\_\_\_

Adviser \_\_\_\_\_

Academic Awards and Honors \_\_\_\_\_  
\_\_\_\_\_

Anticipated Graduation Date and Degree \_\_\_\_\_

Age \_\_\_\_\_

Ethnicity (circle): African-American, Asian or Pacific Islander, Chicana/o or Latina/o,  
Native American/American Indian, White/Caucasian-American, Hispanic, Other.

