

INSTRUCTIONS FOR PERSONAL STATEMENT

The Personal statement is one of the most important parts of your application. This statement will be used to assess not only your suitability for entering the profession, but also the quality of your writing and conceptualization skills.

1. The personal statement should be in your own words and should be a 3-5 page double-spaced typewritten essay that addresses the following questions.

(A) What are the reasons that led you to choose Social Work as a profession? Discuss your personal values, philosophy, knowledge of social issues, and the professional and community experiences that have influenced your decision to enter the Social Work profession. This should not be a chronology of your life, but an objective statement. You may discuss your personal background, career objectives and personal evaluation.

(B) Discuss your understanding of the Social Work profession. Discuss how your particular interests fit with our concentration of Advanced Generalist (Refer to the Program Guide).

(C) There are many helping professions. We are interested in knowing why you want to be a social worker. What do you plan to do once you have obtained your M.S.W. degree? Discuss personal qualities that make you suitable for the Social work profession such as skills, strengths, and weaknesses.

(D) Why are you applying to Kean University? Why are you applying at this time?

(E) Discuss circumstances that may have had an influence on your past academic performance.

(F) Please discuss any special circumstances or factors which you believe will assist us in our decision making process.

(G) Indicate the graduate program for which you are applying:

_____ 2-Year Program

_____ 3-Year Extended Full Time Program

_____ Advanced Standing

_____ Extended Full Time Advanced Standing.

(H) Indicate if you are planning to work:

_____ Full-time _____ # of hours

_____ Part-time _____ # of hours

_____ I do not plan to work

PLEASE SIGN AND DATE YOUR PERSONAL STATEMENT.

Kean University
Union, New Jersey 07083
Department of Social Work
MASTER OF SOCIAL WORK PROGRAM

SUPPLEMENTAL INFORMATION SHEET

Will you request that any previous graduate level credits be transferred to this program? If yes, Please list the name of the course, date, grade received and college at which the course was taken . (Transfer of credits(s) requires a Transfer Request Form – (See the Graduate Admissions secretary for details.)

Please list the name, location and date of completion of any continuing education courses, Professional seminars, workshops, and short courses related to this program. You may use a separate piece of paper if required.

Please list the name and date of any awards, honors, or fellowships received. Also, indicate the name of the group that bestowed the award, honor, or fellowship. You may use a separate sheet of paper if required.

Please list the name and date received of any professional certifications you have been awarded. You may use a separate piece of paper if required.

Please list the name and date of any professional organizations of which you are currently a member. You may use a separate piece of paper if required.

Please list the name of the organization, address, position held, beginning and end date for all paid and /or volunteer positions beginning with the most recent. You may use a separate sheet of paper if required. You may include your resume in lieu of the above.

How did you learn about the Master of Social Work Program at Kean University?
Please check all below that apply.

Friend_____	Graduate Admissions_____
Local Newspaper_____	Own Research_____
Radio_____	Other_____
Employment_____	Please Specify_____

Are you applying to any other MSW programs? Yes _____ No _____
If yes, where? _____

Have you previously applied to the Master of Social Work Program at Kean University?
Yes _____ No _____ . If yes, when? _____

Have you ever been dismissed from a Social Work Education Program for academic reasons?
Yes _____ No _____ if you checked "yes," please briefly describe the reasons for this dismissal.

Have you ever been dismissed from a Social Work Education Program for non- academic reasons?
Yes _____ No _____ If you checked “yes,” please briefly describe the reasons for the dismissal.

Have you ever had a professional license or certification revoked or suspended in this or any state?
Yes _____ No _____ If you checked “yes”, please briefly describe the reason for the suspension/revocation.

Have you ever been convicted of a crime or have charges pending in this or any state?
Yes _____ No _____ If you checked “yes”, please briefly describe.

Please note that certain crimes/offenses may disqualify a candidate from being certified or licensed as a Social Worker in the State of New Jersey. Please see the licensure/certification application for further information.

List the name, position, title, address & phone number of those individuals who will provide your letters of recommendation.

At least one of your letters of recommendation should be from a current or former professor (if you graduated less than four years ago), and current or former supervisor(volunteer or paid position; social work or non-social work position.)

It is preferred that at least one letter is submitted by a supervisor and one by a professor. An additional academic or professional source can be for the third letter of recommendation. **(Do not use relatives or friends as a source for a letter of recommendation).**

1. _____
Name Position or Tile

Organization

Address

Area code + phone number

2. _____
Name Position or Tile

Organization

Address

Area code + phone number

3. _____
Name Position or Tile

Organization

Address

Area code + phone number

IT IS THE POLICY OF KEAN UNIVERSITY NOT TO DISCRIMINATE ON THE BASIS OF RACE, COLOR, GENDER, AGE, NATIONAL OR ETHNIC ORIGIN, SEXUAL ORIENTATION OR HANDICAP IN ITS ADMISSIONS POLICIES, EDUCATIONAL PROGRAMS, AND ACTIVITIES.

Kean University
Department of Social Work
Master of Social Work Program



To facilitate electronic communication, please supply the following:

Full Name _____

Email address _____

Voice mail/pager number _____

Facsimile (fax)
number _____

KEAN UNIVERSITY
UNION, NEW JERSEY 07083

Department of Social Work
MASTER OF SOCIAL WORK PROGRAM

APPLICATION CHECKLIST

Have you remembered to...

1. **Read and complete all pages of the M.S.W. Program Supplemental form?** _____

2. **Enclosed your three sealed letters of recommendation?**

Academic Recommendation _____

Professional Recommendation _____

Additional Recommendation (academic or professional) _____

3. **Include your signed and dated personal statement?** _____

REMEMBER WE CANNOT CONSIDER YOUR APPLICATION FOR ADMISSION UNLESS IT IS COMPLETE!

The Master of Social Work Program reserves the right not to review incomplete Admissions Applications!