



Name: _____

SU Email: _____ Student ID: _____

Personal Email: _____

Campus(Check One): SALISBURY ESHEC USMSM CECIL USMH Online (Must live in MD)

Phone: _____

Briefly describe how your professional goals align with the SUDWE program to advance and increase the social work behavioral health workforce in substance use disorder treatment, and why you should be considered for this opportunity. (There is a 500-word maximum requirement). Submit signed essay to SUDWE@salisbury.edu.

Signature

Date