Dianne Orton & Stephen Grant Orton Scholarship

Graduate students who are in their second year of Master's program and show an interest in medical social work are eligible to receive this award. Special consideration will be given to a student doing his/her placement at University of Iowa Hospitals and Clinics in the Department of Pediatrics with an interest in pediatric asthma and/or allergies.

An award of $975 will be made.

The application should include:
- the name of a Social Work professor whom we could contact as a reference;
- Scholarship application form (below)

An unofficial current transcript will be applied to the application by the School of Social Work administrative office.

Application deadline is April 10, 2020. Disbursement of the award will be made to the student’s University account in September 2020.

Submit application to by email, US mail or Fax to:

Mail:
Dianne Orton & Stephen Grant Orton Scholarship Fund
% Kate Kemp, Program Administrator
School of Social Work
Room 308 North Hall
The University of Iowa
Iowa City, IA  52242-1223
Fax 319/335-1711
Email:
kate-kemp@uiowa.edu
Dianne Orton & Stephen Grant Orton Scholarship Fund
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kate-kemp@uiowa.edu

Application Deadline: Friday, April 120, 2020

Section I: Personal & Academic Information

Name: _________________________________________________________________

University ID #: _______________________________________________________________

Street Address: _______________________________________________________________

City, State, Zip: _______________________________________________________________

Phone: ____________________ (home) ____________________ (work)

Email Address: _______________________________________________________________

Country or State of Residence for Tuition Purposes: ____________________________

MSW Admission Status: □ Full-time □ Part-time (less than 9 hours enrollment)

Campus: □ Des Moines  □ Iowa City □ Quad Cities □ Sioux City

Cumulative GPA: ____________

Section II: Financial Information

Estimated cost of educational expenses for the following semester: Fall 2018 (tuition, fees and books):

$_________________________________________________

Is your employer paying for any of your educational expenses? □ Yes □ No

If yes, what is the total amount of your employer’s contribution? $___________________________

Will you need to take out a loan for your educational expenses? □ Yes □ No

If yes, what is the total amount you intend to borrow? $_________________________________

What is your present indebtedness for educational loans: $_________________________________
To date, have you been awarded any scholarships, fellowships, and/or stipends from the School of Social Work?  □ Yes  □ No

If yes, please indicate amount and dates of support: ________________________________________________
____________________________________________________________________________________

Section III: Practicum Placement & Area of Interest

Practicum Placement Site: ________________________________________________________________

UI Practicum Supervisor: ________________________________________________________________

Briefly describe your interest and future plans in the area of medical social work.

The School of Social Work requests this information for the purpose of evaluation financial scholarship applications. Persons outside the School are not routinely provided this information except for directory information, such name and local address.