



## Interprofessional Fellows Program (IFP)

### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_  
*City State ZIP Code*

Phone: \_\_\_\_\_ FSU Email: \_\_\_\_\_

Anticipated Graduation: \_\_\_\_\_ GPA : \_\_\_\_\_  
Please circle your program of study:  
**Advanced Standing** or **Traditional**

Please circle which track you are pursuing:

**Clinical Concentration**      **Social Leadership Concentration**      **MSW/CCJ**      **MSW/JD**      **MSW/MBA**      **MSW/MPA**

Please include the following supplemental documents to complete your application:

- Professional Letter of Recommendation (1)
- Academic Letter of Recommendation (1)
- Statement of interest denoting why you would like to join, and how you feel you would benefit from the Interprofessional Fellows Program
- Updated Resume/CV

Is there anything else you would like to share as part of your application?

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### Signature

*I certify that my answers are true and complete to the best of my knowledge. By signing this application, I agree that if I should be selected as an Interprofessional Fellow, I will represent the College of Social Work and Florida State University in an appropriate manner.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_