



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](mailto:SUDWE@salisbury.edu).

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date