



COUNCIL ON SOCIAL WORK EDUCATION

## 2019 Mentor Recognition Form

### *Council on the Role and Status of Women in Social Work Education*

Please provide your contact information as a sponsor along with the contact information of the mentor(s) you are honoring. If your mentor is deceased, you can still recognize him or her. Please note this fact and provide contact information for their family. Honorees will be listed in the 2019 Women's Council Feminist Networking Breakfast program and each mentor (or their family) will receive a certificate of recognition.

#### Your Information

Name:		Address:	
Phone:			
E-mail:			

**Mentor Information** (If your mentor is deceased, please fill out the following contact information about your mentor's family.)

Mentor Name:			
Address:	Phone:		
	E-mail:		
	Mentor Family Member Name, if Deceased:		

**Mentor Information** (If your mentor is deceased, please fill out the following contact information about your mentor's family.)

Mentor Name:			
Address:	Phone:		
	E-mail:		
	Mentor Family Member Name, if Deceased:		

Please feel free to write down a few thoughts about your mentor. Please briefly describe how the mentor contributes to feminist thought, practice, or scholarship and/or the goals and mission of the Women's Council. Your recollections may be shared, without attribution, at the breakfast to demonstrate the important role mentors play in our work and lives. **PLEASE SHARE ADDITIONAL MATERIALS WITH YOUR MENTOR DIRECTLY FOLLOWING THE BREAKFAST. *Limit: 100 words.***

Please Select One:

<input type="checkbox"/>	I would like to contribute \$50 to the Mentor Recognition Fund in honor of my mentor.
<input type="checkbox"/>	I would like to contribute \$100 to the Mentor Recognition Fund in honor of my mentor.
<input type="checkbox"/>	I would like to contribute \$
	<p style="text-align: right;"><b>Suggested amounts:</b></p> <ul style="list-style-type: none"> <li>\$15 MSW students</li> <li>\$25 PhD/DSW Students</li> <li>\$25 SW Adjuncts</li> <li>\$50 FT SW Faculty</li> </ul>

**Deadline for Submission:  
September 15, 2019.**

#### Type of Payment

#### Credit Card Information

<input type="checkbox"/>	MasterCard	Name on Card:	
<input type="checkbox"/>	Visa	Account Number:	
<input type="checkbox"/>	American Express	Expiration Date:	
<input type="checkbox"/>	Check or money order	Security Code:	
<input type="checkbox"/>	International money order	Signature:	

***For credit card orders only, please email completed form with credit card info to: [cnash@cswe.org](mailto:cnash@cswe.org)***

All others: Checks or money orders must be payable to *CSWE Mentor Recognition Fund*.

Please mail this form and payment (checks and money orders) to:

Cydne S. Nash  
Mentor Recognition Fund  
CSWE  
1701 Duke Street, Suite 200  
Alexandria, VA 22314-3457 USA

For questions about the Women's Council Mentor Recognition Fund, e-mail: [n.eliaslambert@tcu.edu](mailto:n.eliaslambert@tcu.edu).

For questions about payment or form submission, email: [WCmentorrecog@cswe.org](mailto:WCmentorrecog@cswe.org).

**On behalf of the Women's Council, we thank you for your generous support!**