



# North Carolina Child Welfare Education Collaborative

## BSW Scholar Application

Date of application: \_\_\_\_\_

Application for Academic Yr. Beginning 20\_\_\_\_ Ending 20 \_\_\_\_  
Semester: \_\_\_\_\_ Fall \_\_\_\_\_ Spring

Have you previously applied to the Collaborative?  Yes  No

Full Time Program  Part-Time Program

Location if part-time program: \_\_\_\_\_

### PART ONE

Name: \_\_\_\_\_  
Title(Ms., Mr., Mrs.) Last First Middle Preferred

Address: \_\_\_\_\_

City State Zip

Telephone: Home ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_ Email Address \_\_\_\_\_

Birth Date: \_\_\_\_\_ Gender: \_\_\_\_\_ Ethnicity/Race: \_\_\_\_\_

Is English your primary language?  Yes  No If No, what is your primary language? \_\_\_\_\_

In addition to your primary language, what languages do you speak?

Language	Level of Proficiency (check one)		
1. _____	<input type="checkbox"/> basic	<input type="checkbox"/> intermediate	<input type="checkbox"/> read only
2. _____	<input type="checkbox"/> basic	<input type="checkbox"/> intermediate	<input type="checkbox"/> read only
3. _____	<input type="checkbox"/> basic	<input type="checkbox"/> intermediate	<input type="checkbox"/> read only

Do you have North Carolina residency status for tuition purposes?  Yes  No

What will be your student status during the academic year for which you are applying?  FULL TIME  PART-TIME

Will you be a junior or a senior at the beginning of the academic year for which you are applying?  JUNIOR  SENIOR

What is your GPA: \_\_\_\_\_ Overall \_\_\_\_\_ Social Work Program Expected Graduation Date: \_\_\_\_\_

Have you **previously** completed the mandatory training sponsored by the NC Division of Social Services, Child Welfare in North Carolina?

YES  NO \*If Yes, Month \_\_\_\_\_ Yr. \_\_\_\_\_ (\*Please provide a copy of your training certificate of completion with this application)

Have you ever been convicted of any unlawful offense (other than a minor traffic violation)?  Yes  No

If YES, list the date of the conviction and crime for which you were convicted: \_\_\_\_\_

Driver's License Information: State \_\_\_\_\_ Number \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
(mm/dd/yr)

Auto License State & Number: \_\_\_\_\_ Do you have access to a dependable automobile for use in field placement?  Yes  No

Automobile Insurance Carrier: \_\_\_\_\_ Will your carrier permit use of your automobile for business purposes?  Yes  No

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## PART TWO

Are you **currently** employed by a county Department of Social Services or by NC Division of Social Services?  Yes  No

If **No**, go to Part Three of this form. If **Yes**, will you continue your current employment while a student?  Yes  No

If Yes, Name of Agency: \_\_\_\_\_

Address: \_\_\_\_\_

Agency Telephone: (     ) \_\_\_\_\_ FAX: (     ) \_\_\_\_\_

Position Title \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Are you (or will you be) on educational leave from this agency?  Yes  No

If you are currently employed by a DSS or if you are on educational leave, please provide a letter of support from your agency director, which contains a statement of support for your admission including your capability for completion of the BSW program. This letter should also include:

- A statement of the Director's intent, following your graduation, to make all appropriate efforts to provide you with a position following graduation that is commensurate with an BSW degree and to maintain benefits and seniority.
- A statement of intent to make every effort to accommodate work expectations to your class and field work requirements (for a part time student), OR permission for full time educational leave (for a full time student).

Letter of support is included with this application?  Yes  No     If **No**, Please Explain \_\_\_\_\_

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## PART THREE

• Do you have previous human service experience?  Yes  No

**PREVIOUS PAID HUMAN SERVICE EXPERIENCE** (in months & years): Private For Profit - \_\_\_\_\_ Yrs. \_\_\_\_\_ Mos.;

Private Non Profit - \_\_\_\_\_ Yrs. \_\_\_\_\_ Mos. ;     Public - \_\_\_\_\_ Yrs. \_\_\_\_\_ Mos.

Type of work: \_\_\_\_\_

• Do you have previous child welfare experience?  Yes  No

**PREVIOUS PAID CHILD WELFARE EXPERIENCE** (in years & months) \_\_\_\_\_ Yrs. \_\_\_\_\_ Mos.

**PREVIOUS VOLUNTEER CHILD WELFARE EXPERIENCE** (in years, months and/or hours): \_\_\_\_\_ Yrs. \_\_\_\_\_ Mos. \_\_\_\_\_ Hrs.

If **NOT** currently employed in a Department of Social Services (DSS), do you have previous paid work, volunteer, or internship experience in a DSS?

Yes  No (If you are currently employed with a DSS, make sure you complete Part 2 of this form)

If Yes, name of DSS agency: \_\_\_\_\_

Program Unit \_\_\_\_\_

Length of Experience \_\_\_\_\_ Was this work :  Paid  Volunteer  Internship  Combination

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## PART FOUR

Please include a brief (2-3 pages) statement addressing the following areas:

1. Discuss your motivation for wanting to work in a public child welfare setting.
2. Discuss your understanding of the commitment involved in accepting a North Carolina Child Welfare Education Service Award.
3. What are your career goals (i. e., where do you see yourself five years from now?)
4. Discuss personal strengths and limitations you might bring to the field of public child welfare.

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**PART FIVE**

Please list **all** degrees obtained beginning with you undergraduate degree(s):

1. Institution: \_\_\_\_\_ Major \_\_\_\_\_ Degree \_\_\_\_\_ Yr. of Graduation \_\_\_\_\_
2. Institution: \_\_\_\_\_ Major \_\_\_\_\_ Degree \_\_\_\_\_ Yr. of Graduation \_\_\_\_\_
3. Institution: \_\_\_\_\_ Major \_\_\_\_\_ Degree \_\_\_\_\_ Yr. of Graduation \_\_\_\_\_

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**PART SIX**

1. Please attach a **current** resume. Be sure to indicate **all child welfare experiences**.
2. Please attach **documentation of eligibility to work in the U. S.** to this application (e.g., copy of U.S. birth certificate, U.S. passport, INS passport, INS permanent residency form, voter registration card, etc.)

*I hereby attest that the above information is true and correct. I understand that this application to become a Child Welfare Scholar will be reviewed by the Service Award Selection Committee.*

*I hereby authorize the Service Awards Selection Committee of the Child Welfare Education Collaborative to review my School of Social Work application and academic file.*

*I understand that I am required to provide my Social Security Number with this application so CWEC can fulfill its reporting obligations under Federal and state tax laws. Unless this sentence is struck through, I also voluntarily permit CWEC to use my Social Security number for its internal record keeping and information management operations.*

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

*Please Note: The Service Award Selection Committee will only review complete applications.*

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***For Collaborative Office Use Only:***

Offered and Accepted    Not Offered Collaborative Admission    Admission Offered but Student Declined    Student did not Complete Application Process (e.g., submitted paperwork, but did not interview)    Student Withdrew (e.g. student accepted offer, yet declined prior to signing contract)

If accepted, confirmed estimated graduation date \_\_\_\_\_  
month/year

Will this student need NC Pre-Service training?  Yes    No   If **No**, student has previously received pre-service training through:  DSS    Collaborative

Comments:

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