



# North Carolina Child Welfare Education Collaborative

## MSW Scholar Application

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

Full Time Program  Part-Time Program

Application for Academic Yr. Beginning 20\_\_\_\_\_ Ending 20\_\_\_\_\_

Have you previously applied to the Collaborative?  Yes  No

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

If yes, application was for  MSW Program  BSW Program

### PART ONE

Name \_\_\_\_\_  
 Title (Ms., Mr., Mrs., or Dr.) 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 MSW program status during the academic period for which you applying? *Check one:*  
 Foundation  Advanced  Advanced Standing  
 Expected Graduation Date \_\_\_\_\_

In what MSW curriculum track will you be enrolled during the academic period for which you are applying?  
 Full Time  \*Part-time \*If Part-time, what year will you be in the program?  
*Check one:*  1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup>  4<sup>th</sup>

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 )  
 If you have a BSW degree, did you complete pre-service training in that program?  Yes  No

Were you a BSW Child Welfare Scholar?  YES  No If yes, please provide a letter from the BSW Collaborative Coordinator regarding your participation as a BSW Child Welfare Scholar.

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 MSW 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 MSW 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 years & months): Private For Profit - \_\_\_\_ Yrs. \_\_\_\_ Mos.;

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

• 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 months & years): \_\_\_\_ Mos. \_\_\_\_ Yrs.

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

