

**BSW Program:**

\_\_\_\_ Appalachian State University

\_\_\_\_ East Carolina University

\_\_\_\_ NC State University

\_\_\_\_ UNC-Wilmington

\_\_\_\_ JMSW

**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

##### 

### 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. basic intermediate read only

2. basic  intermediate read only

3. basic  intermediate 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

### 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*

### 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

**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.

### 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

### 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.)

3. Please attach a completed **PD-107 – Application for Employment, State of North Carolina**. This form can be obtained from your university’s Collaborative office.

*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.*

**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**