



North Carolina Child Welfare Education Collaborative

BSW Scholar Application

BSW PROGRAM:

- Appalachian State University
- East Carolina University
- NC State University
- UNC-Wilmington
- JMSW

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. _____	<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

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** _____