



North Carolina Child Welfare Education Collaborative

MSW Scholar Application

Date of application: _____ **MSW PROGRAM:** _____
 Application for Academic Yr. Beginning 20 _____ Ending 20 _____ ECU Full Time Program Part-Time Program
 Have you previously applied to the Collaborative? Yes No _____ JMSW
 Location if part-time program _____
 If yes, application was for MSW Program BSW Program _____ UNC-CH

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: 1st 2nd 3rd 4th

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

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 _____

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

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.

