CHILD WELFARE SCHOLARS
PROGRAM
2014-2015 APPLICATION

Sponsored by the Indiana Department of Child Services
Indiana University
Ball State University
Indiana State University
University of Southern Indiana

Required training dates for all students selected for the Child Welfare Scholars Program
August 13 and 14, 2015
January 8, 2016
April 14 and 15, 2016
INDIANA CHILD WELFARE SCHOLARS PROGRAM
APPLICATION FOR STIPEND PROGRAM

Date of Application: ________________ Student ID: __________________________

Name: ________________________________________________________________
   Last          First         Middle         Maiden

Permanent Address: _______________________________________________________
   Street or Box No.   City   State   Zip

Telephone Number: (   ) ___________ University e-mail: ________________________

Are you an Indiana resident?  ___Yes ___No  Which Indiana County? _____________

University currently attending: ____________________________________________

Overall GPA: ____________  Social Work GPA: ______________

Minor field of study: __________________ Anticipated graduation: ______________

Do you speak any additional languages? _____ Yes _____ No  If YES, please list:
   ________________________________________________________________

Have you taken or are you currently enrolled in any college level foreign language
classes?  ______ Yes ______ No  If yes, please list: ____________________________

Which regions in Indiana are you interested in working in for the Department of Child
Services?  ______ Anywhere  If not anywhere, please list three (3) regions where you
would be willing to work (see attached map):
1. ____________  2. ____________  3. ____________

Please be aware that if DCS is unable to place you in one of your preferred Regions, you will be assigned to a position in another DCS Region
Students, accompanied by their Department of Child Services supervisors, must be able to respond quickly to emergency calls. With their supervisors, they will need to be able to make emergency calls throughout their local offices coverage area and entering various types of dwellings (i.e. trailers, houses, apartments, etc.). Are you able to perform these functions with or without reasonable accommodations? ____Yes ____No

If yes please explain: ________________________________________________________________

________________________________________________________.

**CERTIFICATION AND AGREEMENT**

I certify that the information I have provided is true and complete to the best of my knowledge. I understand that any willfully false statement is sufficient cause for rejection of this application or, if a stipend has been awarded, for the termination of this stipend. If a stipend has been received by me, I also understand that I may be required to repay it. I understand that the Indiana Child Welfare Scholars Program is a joint effort of the University and the Indiana Department of Child Services, and that this application will be reviewed by both entities.

_______________________________________________  __________________
Signature of Applicant  Date

Attach a four to five page paper to this application which addresses the following questions:

1. If you had to explain the term “child welfare” to someone, what would you say?

2. Why are you interested in the field of child welfare?

3. What qualities do you have that would make you a good child welfare worker?

4. Discuss areas where you need further exposure, growth, and development in order to become an effective child welfare worker.

5. Describe your short term (the next five years) and long term (more than 5 years) goals.
ININDIANA CHILD WELFARE SCHOLARS PROGRAM
INSTRUCTIONS FOR FILING A PETITION FOR EXCEPTIONAL
CONSIDERATION

An applicant who believes that his or her individual circumstances warrants exceptional
consideration for a waiver of the minimum admissions requirement of an overall 2.5
undergraduate GPA and a 3.0 GPA in social work must petition the Indiana Child
Services Admissions Committee.

The waiver should be requested by the applicant in the form of a statement entitled
“Petition for Exceptional Consideration” and should be attached to this cover letter,
which must be signed and dated at the bottom.

The petition should include a statement indicating how the minimum admissions
requirement does not provide you a fair and adequate opportunity to present yourself in a
favorable light. Briefly discuss how you have demonstrated a capacity for success in the
Indiana Child Welfare Scholars Program. For example, if unusual personal
circumstances negatively impacted your grades, discuss why this in not likely to be a
factor during the course of your participation in the Indiana Child Services Education
Program. Finally, you should attest to the accuracy of all information provided in the
petition, date and sign the document. The petition must be submitted with the application
packet.

______________________________________________  __________________
 Signature                                      Date

______________________________________________
Print Name
INDIANA CHILD WELFARE SCHOLARS PROGRAM
CRIMINAL HISTORY AND BACKGROUND CHECK

Your successful completion of this program will entitle* you to employment with the Indiana Department of Child Services. In order to ensure that you will be a viable candidate for employment, the application process for the Indiana Child Welfare Scholars Program requires you to complete both a Request for a Child Protection Services (CPS) History Check and Criminal History check that includes fingerprinting. These checks will be completed at a later step in the application and interviewing process.

I agree to complete a criminal history check as required by the Department of Child Services. If selected for this program I will comply with the process of submitting my fingerprints for an FBI check through the electronic fingerprinting process used by the Department of Child Services.

I understand that a CPS background check will also be completed for me if I am accepted into this program and that I will be required to sign a release.

I further understand that, upon receipt of the results of the criminal history and CPS background check, I may be disqualified from the Indiana Child Welfare Scholars Program. I also understand that I may request a review of my disqualification by the Department of Child Services. The results of this review will be final.

____________________________________________                           ______________
Signature of Applicant                                               Date
INDIANA CHILD WELFARE SCHOLARS PROGRAM

RECOMMENDATION FORM

TO THE APPLICANT:

Name (PRINT): __________________________________________________________

As part of the application process for the stipend program through the Indiana Child Welfare Scholars Program you must submit three (3) professional or academic references. Please request reference statements from three (3) persons who have recent knowledge about your academic or professional qualifications. Ask each of them to send the reference statement back to you in a sealed envelope after signing across the seal. Submit those unopened letters together with your application. **References from family members will not be accepted.** Include, if possible, 1) a reference from an employer; 2) a reference from a supervisor from paid or volunteer work; and 3) a reference from one faculty member. **YOUR SIGNATURE IS REQUIRED ON THIS FORM.**

NOTICE OF WAIVER

I am aware of my rights under the Family Educational Rights and Privacy Act of 1974 to have access to letters of commendation written on my behalf. I also understand that by submitting this letter of recommendation with my application packet it becomes the property of the Indiana Child Welfare Scholars Program and therefore my right of access is limited to viewing the document only at the school and I will not be allowed to obtain a copy of the letter from the school. I also understand that my ability to view these documents is contingent upon my being admitted into the Indiana Child Welfare Scholars Program.

_____ It is my desire that this letter be written in confidence and I waive my right of access to read this letter.

_____ I wish to retain my right to read this document once I have been admitted to the Indiana Child Welfare Scholars Program.

____________________________________________          _____________________
Signature                                                                                    Date

You must check one of the above options, sign, and date this waiver if this letter is to be included in your file. Failure to comply will waive the right of the applicant to read this letter.
TO THE REFERENCE: You have been asked to complete an evaluation on the above named person who is applying for admission to the Indiana Child Welfare Scholars Program. Your candid opinion will be of great assistance to us in evaluating his/her application. Your comments will be confidential if the applicant has waived their right to review. Applicants who are not approved for the program have no access to their file. To help the admissions committee make an informed decision on the applicant’s suitability for the program, please answer the following questions.

1. How long and in what capacity have you known the applicant? ________________

2. Please evaluate the applicant in each of the following areas:

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3. In your opinion, what are the applicant’s primary strengths?

4. In your opinion, what are the applicant’s weaknesses?

5. What level of critical thinking skills have you observed in the applicant?

6. I would:
   _____ Recommend with enthusiasm
   _____ Recommend
   _____ Recommend with reservation
   _____ Not recommended

Signature: ________________________________ Date: __________

Name (print or type)____________________________________________________

Organization: __________________________ Phone #: __________
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