CHILD WELFARE SCHOLARS PROGRAM 2012-2013 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 15 and 16, 2013
January 10, 2014
April 10 and 11, 2014

APPLICATION FOR STIPEND PROGRAM

Date of Application:	Stuc	lent ID:		
Name:				
Last	First	Mi	ddle	Maiden
Permanent Address:Street	or Box No.	City	State	Zip
Telephone Number: () _ Are you an Indiana resident	Uni	versity e-mail:_		
Are you eligible to work in			County?	
University currently attending	ng:			
Overall GPA:	_	Social Wo	rk GPA:	
Minor field of study:	Ar	nticipated gradu	ation:	
Do you speak any additiona	l languages?	Yes No	If YI	ES, please list:
Have you taken or are you c classes?Yes				
Which regions in Indiana a Services? Anywher would be willing to work (so 1	e If not anywhere	e, please list th	ree (3) regi	

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

PLEASE ATTACH AN OFFICIAL UNIVERSITY TRANSCRIPT TO THIS APPLICATION

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? YesNo						
If yes please explain:						
CERIFICATION AND AGREEMENT I certify that the information I have provided is tr	us and samplets to the heat of my					
knowledge. I understand that any willfully false rejection of this application or, if a stipend has been this stipend. If a stipend has been received by me required to repay it. I understand that the Indiana is a joint effort of the University and the Indiana I that this application will be reviewed by both entities.	statement is sufficient cause for n awarded, for the termination of , I also understand that I may be Child Welfare Scholars Program Department of Child Services, and					
Signature of Applicant	Date					
Attach a four to five page paper to this applications:						
Attach a four to five page paper to this applicati	on which addresses the following					
Attach a four to five page paper to this applications:	on which addresses the following meone, what would you say?					
Attach a four to five page paper to this application questions: 1. If you had to explain the term "child welfare" to so	on which addresses the following meone, what would you say?					

5. Describe your short term (the next five years) and long term (more than 5 years) goals.

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	

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 recommendation 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 <u>only</u> 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 c	oposity hove you	known the applicant	.9
1. How long and in what C	apacity nave you	known the applicant	•

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

	Lim	ited	Adequate		High	Can't Judge
Level of Maturity And Emotional	1	2	3	4	5	6
Stability						
Understanding of Self						
Ability to respect and work with diffi in people (i.e. race, culture, ethnicity, sorientation)	, class,					
Responsible behavior (attendance punctuality, etc)	ce,		_		_	_
Oral communication skills	on ——					_
Written communic skills	ation —					
Ability to work with others						
Ability to accept constructive feedback			_			

3. In your opinion, what are the applicant's prime	ary strengths?
4. In your opinion, what are the applicant's weak	inesses?
7 XXI	1
5. What level of critical thinking skills have you o	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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it is a state of the state of the state of	apacity marc your	mo win the applicant.	

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

	Limited		Adequate		High	Can't Judge
	1	2	3	4	5	6
Level of Maturity And Emotional Stability					_	
Understanding of Self						
Ability to respect and work with different in people (i.e. race, continuous) culture, ethnicity, sex orientation)	lass,	_	_			
Responsible behavior (attendance punctuality, etc)	,	_	_	_		_
Oral communication skills						
Written communicati	on 		_			
Ability to work with others				_		_
Ability to accept constructive feedback						_

3. In your opinion, what are the applicant's primary s	strengths?
4. In your opinion, what are the applicant's weakness	es?
5. What level of critical thinking skills have you obser	rved 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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	1	2	3	4	5	6
Level of Maturity And Emotional Stability						_
Understanding of Self			_			_
Ability to respect and work with diffe in people (i.e. race, culture, ethnicity, se orientation)	class,					
Responsible behavior (attendance punctuality, etc)	e, 				_	
Oral communication skills	n 					
Written communica skills	tion					
Ability to work with others						
Ability to accept constructive feedback						

3. In your opinion, what are the applicant's primary strengths	s?
4. In your opinion, what are the applicant's weaknesses?	
5. What level of critical thinking skills have you observed in the	ne applicant?
6. I would: Recommend with enthusiasm	
Recommend Recommend with reservation Not recommended	
	Data
Signature:	Date:
Name (print or type)	
Organization:	Phone #:

CRIMINAL HISTORY AND BACKGROUND CHECK

Your successful completion of this program will entitle you to an offer of 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

DEPARTMENT OF CHILD SERVICES SERVICE REGIONS

