



## 2017 Title IV-E Child Welfare Stipend Program Application Form

Please treat this application for the Title IV-E Child Welfare Stipend Program as a separate application from your application to the general CSUEB MSW Program. Whereas a confirmed admission to the CSUEB MSW Program is an eligibility requirement for the Title IV-E Program, not all students accepted into the MSW Program and who apply to the Title IV-E Program will be selected to participate in the IV-E Program. A complete Title IV-E Application Package is ***due January 17, 2017***, along with your departmental application form. ***Please note that incomplete application packages will not be reviewed.*** A complete Title IV-E Application Package requires all of the following:

1. A completed, type-written Application Form
2. Dated signature on the "Affirmation and Release of Information" page – found on the last page of the Application Form
3. A type-written response to Question F
4. A resume (please submit a resume for your Title IV-E application even if you have already submitted one for the general MSW Departmental Application)

<b>A. PERSONAL INFORMATION:</b>					
First Name:		Middle Name:		Last Name:	
Are you known by any other names?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please list:			
Address:					
City:		State:		Zip Code:	
Mailing Address (if different from above):					
City:		State:		Zip Code:	
Daytime Phone:		Cell Phone:			
Email:		Birthdate:			
Ethnicity/Race		Gender:		Net ID:	

<b>B. LANGUAGE SKILLS:</b>					
Languages Spoken/Written Other Than English:  Degree of speaking fluency: (circle one for each) 1 – can understand some, cannot engage in a conversation 3 – can understand and speak a little 5 – can understand and speak fluently	Language:		Spoken: <input type="checkbox"/>	Speaking Fluency:	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>
			Written: <input type="checkbox"/>		
	Language:		Spoken: <input type="checkbox"/>	Speaking Fluency:	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>
			Written: <input type="checkbox"/>		
	Language:		Spoken: <input type="checkbox"/>	Speaking Fluency:	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>
			Written: <input type="checkbox"/>		

**C. UNDERGRADUATE DEGREE:**

Undergraduate Degree:		Name of university/college:	
Was it BSW?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If BSW, did you receive Title IV-E Stipends?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date of Degree Conferred:		Major:	
Have you ever applied for the Title IV-E Stipend at CSUEB or at any other institution?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, where and when:	

**D. Citizenship and Residence History:**

Country of Birth:		Are you a United States Citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If a Naturalized U.S. Citizen,</i> Date of Naturalization:			
<i>If not a U.S. Citizen,</i> Expiration Date of Green Card:		Or Expiration Date of DACA:	

**E. EMPLOYMENT:**

**COUNTY EMPLOYMENT:**

Are you currently employed in a county social services or human service agency?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please indicate name of County:		Department:	
Job Title:		Dates of Employment:	
<i>If you are a current employee of a county social services or human service agency, please provide us with a statement of support from your agency director in order to qualify for preference in the stipend award selection. This letter must be submitted along with your application package. Letter of Application included in application package?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>County employees must be on educational leave (not receiving any county pay) in order to receive any IV-E Stipends. Are you applying for/on educational leave?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No

**CHILD WELFARE NON-PROFIT EMPLOYMENT:**

Have you ever volunteered/interned/worked in a <i>child welfare</i> non-profit agency (i.e. working with children and families involved with the child welfare system or seriously at-risk of being involved with the system)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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**If yes, please complete the following:**

Agency 1 Name:	<input type="checkbox"/> Volunteer	# of hrs/week:		# of months:	
	<input type="checkbox"/> Intern	# of hrs/week:		# of months:	
	<input type="checkbox"/> Employed	# of hrs/week:		# of months:	
Agency 2 Name:	<input type="checkbox"/> Volunteer	# of hrs/week:		# of months:	
	<input type="checkbox"/> Intern	# of hrs/week:		# of months:	
	<input type="checkbox"/> Employed	# of hrs/week:		# of months:	
Agency 3 Name:	<input type="checkbox"/> Volunteer	# of hrs/week:		# of months:	
	<input type="checkbox"/> Intern	# of hrs/week:		# of months:	
	<input type="checkbox"/> Employed	# of hrs/week:		# of months:	
Agency 4 Name:	<input type="checkbox"/> Volunteer	# of hrs/week:		# of months:	
	<input type="checkbox"/> Intern	# of hrs/week:		# of months:	
	<input type="checkbox"/> Employed	# of hrs/week:		# of months:	

**F. Please type a response to the following questions. Your written response should be no more than two (2) pages in length, double-spaced, and should be submitted along with this application form. Please indicate your name on the response:**

- a) Describe your understanding of what work in the public child welfare setting entails;
  - b) Explain why you are interested in pursuing a career in public child welfare; and
  - c) Describe how your prior experiences prepare you for your education and career in this area.
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### **Affirmation & Release of Information**

- I hereby affirm that all statements are true and correct. I hereby attest that I have never been convicted of a felony, misdemeanor, or any violent crime involving children. I hereby attest that I have never been discharged from employment at a county office or other social services agency due to violation of county code/merit system rules or professional codes of ethics.
- If selected to participate in the CSUEB Title IV-E Stipend Program, I hereby agree to adhere to the provisions in the contract. If granted the Title IV-E Stipend, I hereby agree to furnish the following documents: letter of support from my agency (for county employee), signed contracts (2), copy of valid CA driver's license, proof of automobile insurance and current registration, DMV printout for past 10 years, signed Repayment Agreement, birth certificate, proof of U.S. citizenship, evidence of student professional liability insurance, complete Student Profile form and signed Vendor Data form.
- If selected to participate in the CSUEB Title IV-E Stipend Program, I agree to submit to a criminal background check that may include a child abuse index and DMV Records' check for the past ten (10) years prior to finalization of award. The fees incurred for background checks are my sole responsibility. I understand that persons with founded child abuse allegations will not be able to participate in the program. If I fail to pass the background checks, lack any of the required documentation, or have a driving record that would preclude my placement or employment in a Public Child Welfare Worker setting, I will be considered ineligible and terminated from the Title IV-E program. I also understand that if awarded the stipend, I must maintain satisfactory academic performance. If I fail to do so, I may be terminated from the Title IV-E program and be immediately responsible for repaying all monies received plus interest, court costs and collection fees.
- I understand that applicants must be able to meet the requirements of county child welfare worker positions that generally include, but are not limited to, the following physical characteristics: Ability to perform work in a variety of settings inside and outside of buildings including work in wet and dry weather conditions; work in confined spaces; work closely with others and alone; drive a vehicle; lift and carry children and objects; manipulate papers, files and other equipment; may perform work while sitting, standing, walking, bending, reaching and stooping; must be able to communicate verbally with coworkers and participants; be able to see things up close or far away; have depth perception; grasp small objects; and hear well.
- If granted the Title IV-E Stipend, I understand that post-graduation, I am to secure a position appropriate to an MSW in a county child welfare services agency or California Department of Social Services (CDSS) child welfare division or a Tribal agency for a period of two years. If there are no eligible positions available in the Bay Area, I understand that I am to search all county and state CWS agencies within the state of California to secure a position. Failure to do so may result in repayment of Title IV-E funds.
- Further, I release to the Awards Committee the right to examine my original application for admission to the Department of Social Work, Title IV-E application and statement as part of this application.

**Applicant Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_