

# CHILD WELFARE SCHOLARS PROGRAM 2011-2012 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 16 and 17, 2012  
January 4, 2013  
April 11 and 12, 2013

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

Date of Birth: \_\_\_\_\_ Are you a U.S. citizen? \_\_Y \_\_N  
Mo. Day Year

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:

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

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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, it will be necessary for you to take a job 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, entering various types of dwellings (i.e. trailers, houses, apartments, etc.). Do you have any limitations which could interfere with your performing such demanding work? \_\_\_\_Yes \_\_\_\_No

If yes please explain: \_\_\_\_\_  
\_\_\_\_\_.

**CERIFICATION 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.

# INDIANA CHILD WELFARE SCHOLARS PROGRAM

## 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 is 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  
DEPARTMENT OF CHILD SERVICES**

**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, a) a reference from an employer; b) a reference from a supervisor from paid or volunteer work; and c) 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 *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:**

	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 differences in people (i.e. race, class, culture, ethnicity, sexual orientation)	___	___	___	___	___	___
Responsible behavior (attendance, punctuality, etc)	___	___	___	___	___	___
Oral communication skills	___	___	___	___	___	___
Written communication skills	___	___	___	___	___	___
Ability to work with others	___	___	___	___	___	___
Ability to accept constructive feed- back	___	___	___	___	___	___

**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 #:** \_\_\_\_\_

**INDIANA CHILD WELFARE SCHOLARS PROGRAM  
DEPARTMENT OF CHILD SERVICES**

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\_\_\_\_\_  
Signature

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Date

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Level of Maturity And Emotional Stability	___	___	___	___	___	___
Understanding of Self	___	___	___	___	___	___
Ability to respect and work with differences in people (i.e. race, class, culture, ethnicity, sexual orientation)	___	___	___	___	___	___
Responsible behavior (attendance, punctuality, etc)	___	___	___	___	___	___
Oral communication skills	___	___	___	___	___	___
Written communication skills	___	___	___	___	___	___
Ability to work with others	___	___	___	___	___	___
Ability to accept constructive feed- back	___	___	___	___	___	___

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

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

**Name (print or type)** \_\_\_\_\_

**Organization:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_

**INDIANA CHILD WELFARE SCHOLARS PROGRAM  
DEPARTMENT OF CHILD SERVICES**

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\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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Understanding of Self	___	___	___	___	___	___
Ability to respect and work with differences in people (i.e. race, class, culture, ethnicity, sexual orientation)	___	___	___	___	___	___
Responsible behavior (attendance, punctuality, etc)	___	___	___	___	___	___
Oral communication skills	___	___	___	___	___	___
Written communication skills	___	___	___	___	___	___
Ability to work with others	___	___	___	___	___	___
Ability to accept constructive feed- back	___	___	___	___	___	___

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**6. I would:**

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- Recommend with reservation
- Not recommended

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

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

**Name (print or type)** \_\_\_\_\_

**Organization:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_

**INDIANA CHILD WELFARE SCHOLARS PROGRAM**

## CRIMINAL HISTORY AND BACKGROUND CHECK

**As part of the application process for the Indiana Child Welfare Scholars Program you will be required 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.**

Have you ever been convicted of a misdemeanor or a felony? You do not need to include minor traffic violations (i.e. a speeding ticket) but be sure to include misdemeanor traffic offenses. If yes, please list conviction(s), date(s), places(s), and an explanation and attach to this application. \_\_\_\_\_ Yes \_\_\_\_\_ No

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

