

**CHILD WELFARE PARTNERSHIP
CHILD WELFARE EDUCATION PROGRAM
TUITION & EDUCATIONAL SUPPORT APPLICATION
2010 - 2011 Academic Year**

Awards are contingent upon admission into Portland State University and Portland State University's School of Social Work. Participation in the program implies a willingness to sign a contract and seek employment with the Oregon Department of Human Services, in a child welfare capacity, upon graduation.

Please complete and return the following application materials:

1. Completed "Application for Tuition & Educational Support" form;
2. Personal Statement of no more than 750 words concerning your reasons for applying for this assistance and how your professional goals align with public child welfare (*please do not use the "personal statement" submitted with your School of Social Work application*);
3. One copy of your resume;
4. For current DHS staff only: signed DHS Supervisory Approval;
5. Three completed Letters of Reference. If you are currently a student in the School of Social Work, it is preferred that one letter of reference be from an instructor in the School. Please note **current DHS employees must have their supervisor provide a letter of reference**. Your references are being asked to return their letters of reference directly to you in a sealed envelope with their signature on the back over the closed flap. *All applicants must include their reference letters with the application packet – DO NOT MAIL SEPARATELY*;
6. Signed "Release of Information Consent" to allow members of the PSU/DHS Selection Committee to review your application for admittance to the School of Social Work and your application to the Child Welfare Education Program.

Please note: all materials must be submitted together as a packet

Applications must be POSTMARKED NO LATER THAN February 1, 2010

Please mail all materials to:

Laurie Leasure, Child Welfare Education Program
Child Welfare Partnership
Portland State University
520 SW Harrison St., Suite 440
Portland, OR 97201

Please contact Richard Hunter, CWEP Director, for exceptions to the application due date. He can be reached at 503.725.4161 or hunterr@pdx.edu.

Portland State University and the Oregon Department of Human Services are affirmative action/equal opportunity institutions. Please notify us if you require accommodation.

**APPLICATION FOR TUITION & EDUCATIONAL SUPPORT
CHILD WELFARE PARTNERSHIP/CHILD WELFARE EDUCATION PROGRAM**

Name: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____

E-mail: _____ Date of Birth: _____

School:

I am applying for the BSW Program funding beginning fall term of my senior year.

I am applying for MSW Program funding. I will begin my:

First Second Third year of the MSW program.

Program of study: Two-year Three-year MSW Distance Option (site: _____)

Work:

Current Employer: _____

Business Address: _____

Business Phone: _____ Business Fax: _____

Position/Job Title: _____ Check one: Full time Part Time Other: _____

Supervisor: _____ Supervisor Phone #: _____

Are you currently a DHS employee? Yes No If yes, number of years employed with DHS: _____

Office/Branch Name if DHS employee: _____

Criminal Record

Students convicted of certain criminal offenses may not be eligible for employment with DHS and/or some field placement organizations. To assist us in processing your application, please complete the questions below:

Have you ever been convicted of any crime in any jurisdiction? No Yes - If yes, please supply the following information:

Offense: _____

State: _____

Date: _____

Outcome: _____

Attachments:

- Personal Statement
- Copy of resume
- For DHS staff only:** Signed DHS Supervisory Approval and Letter of Reference
- Three completed letters of reference
- Consent to review SSW file

I understand continuation of this program is contingent upon future funding.

Applicant Signature

Date

THESE QUESTIONS ARE OPTIONAL

You are encouraged to supply the following information but may decline without prejudicing your application.
Please check all that apply:

Sex: Female Male

Family Status:

- 1. Married/Living w/ Partner
- 2. Single, never been married
- 3. Divorced
- 4. Children living in the home
- 5. Other _____

Ethnic Origin:

- 1. Asian/Pacific Islander
- 2. Black, Non-Hispanic
- 3. Hispanic
- 4. Native American (Indian, Alaskan)
Tribal Affiliation: _____
- 5. White, Non-Hispanic
- 6. Other (please specify) _____

Country of Citizenship _____

**OREGON DEPARTMENT OF HUMAN SERVICES
SUPERVISORY APPROVAL**

This form must be completed for applicants who are current employees of DHS.

Applicant Name

Date

The above applicant has applied for participation in the Child Welfare Partnership's Child Welfare Education Program. If offered tuition and educational support, a work plan will need to be discussed and approved by the applicant, the applicant's supervisor, and the PSU Child Welfare Education Program Coordinator. Please consider that the program requires the following:

- 16 hours of field placement per work week in the MSW program, or 15 hours of field placement in the BSW program.
- 6 to 12 hours of class per week – some evening classes may be available.
- Adjusted workload to accommodate the field placement and time spent in class.

The above applicant has discussed this application with me, including a mutually agreed upon plan for any alteration in the applicant's work schedule necessary for the applicant to complete the BSW or MSW program at Portland State University.

Print Name of Current Immediate DHS Supervisor

DHS Immediate Supervisor Signature

Date

Print Name of Current DHS Child Welfare Manager

DHS Child Welfare Manager Signature

Date

Branch/Office Name: _____

Supervisor's Phone Number: _____

**CHILD WELFARE PARTNERSHIP
CHILD WELFARE EDUCATION PROGRAM
LETTER OF REFERENCE**

TO BE COMPLETED BY APPLICANT:

Name of Applicant: _____

Name of Reference (please print): _____

Address: _____ Phone: _____

TO BE COMPLETED BY REFERENCE:

The above applicant is applying for tuition and educational support from Portland State University and the Oregon Department of Human Services to complete a Master's or Bachelor of Arts Social Work degree. Your assessment will assist the selection committee.

How long, and in what capacity, have you known the applicant? _____

Please attach your summary evaluation of the applicant regarding:

1. The applicant's potential to positively impact practice in a public child welfare setting.

2. The applicant's ability to develop constructive working relationships with clients, peers, community partners and administration.

Your overall recommendation of the applicant for tuition and educational assistance through the Child Welfare Education Program (please check one):

_____ Highly Recommend

_____ Recommend

_____ Recommend with reservations. Please list reservations: _____

_____ Do Not Recommend

Please return your letter of reference directly to the applicant in a sealed envelope. Please sign the sealed envelope on the back over the closed flap.

RELEASE OF INFORMATION CONSENT

I agree to allow members of the Portland State University, School of Social Work and Oregon Department of Human Services Tuition and Educational Support Selection Committee to have access to my student/application file at the School of Social Work. I understand these materials may be reviewed by the committee to assist them in evaluating my application for educational assistance through the Child Welfare Education Program.

Name (please print): _____

Signature: _____

Date: _____

Please return with your application packet. If you have questions or concerns regarding this release, please contact Richard Hunter, Child Welfare Education Program Director at 503.725.4161 or hunterr@pdx.edu.