

Idaho Child Welfare Partnership Child Welfare Scholars Application

Dear Applicant:

Enclosed you will find the Idaho Child Welfare Scholar Stipend Award application materials. This packet includes:

- ◆ Idaho Child Welfare Scholar Stipend Award Description
- ◆ Partner University Program Summary Letter
- ◆ Application Criteria for Idaho Child Welfare Scholar Stipend Program
- ◆ Application for Idaho Child Welfare Scholar Stipend Award Program
- ◆ Child Welfare Stipend Award – Letter of Reference Form (Submit 3 copies on blue paper)
- ◆ Child Welfare Stipend Award – Self Evaluation Form
- ◆ *Sample* Contractual Agreements

For additional information, contact your Idaho Child Welfare Faculty Field Coordinator:

Boise State University

Ray Mullenax

Email: raymondmullenax@boisestate.edu

Phone: (208) 426-5936

Fax: (208) 334-2001

Eastern Washington University, Idaho Child Welfare Research and Training Center

Carla Dvoracek

Email: dvoracec@dhw.idaho.gov

Phone: (208) 676-1186 ext. 224

Fax: (208) 676-0435

Idaho State University

Janis Stitt

Email: stijtjani@isu.edu

Phone: (208) 282-3675

Fax: (208) 282-4733

Lewis-Clark State College

Heath Walters

Email: hbwalters@lcsc.edu

Phone: (208) 792-2818

Fax: (208) 792-2571

Northwest Nazarene University

Lorrie Breshears

Email: lorriebreshears@boisestate.edu

Phone: (208) 467-8011

Fax: (208) 467-8879

IDHW Employees Contact:

Mardell Nelson, Program Manager

Division of Family & Community Services

Email: nelsonm3@dhw.idaho.gov

Phone: (208) 334-5838

Fax: (208) 334-6699

For more program information, visit the Idaho Child Welfare Partnership Website at www.icwpartnership.org.

Application Criteria for Child Welfare Scholars Stipend Program

To be eligible for admission into this program, an applicant **must**:

1. Be admitted to the Bachelor's of Social Work Program at BSU, EWU, ISU, LCSC, or NNU, or to the Master of Social Work Program at BSU, EWU, or NNU.
2. Be a full-time employee with at least one-year continuous employment with IDHW, or
3. Express commitment to the field of child welfare and agree to the obligations of employment as defined in the student contract upon graduation.
4. Provide references from current and next level supervisors and one of the following:
 - a) Community agency representative with good knowledge of the applicant
 - b) Previous supervisor
 - c) Academic advisor or college/university instructor
 - d) CFS Program Manager * required if current CFS employee
5. Complete stipend application, including a self evaluation form and written statement addressing applicant's reason for applying for an Idaho Child Welfare Scholar's program stipend and how receipt of the stipend will enable the participant to make a professional contribution in a direct service or administrative role within CFS.
6. Following submission of material, non-employee applicants participate in an interview with the joint CFS/participating University/College selection committee.
7. Successfully pass an employment background inquiry (including fingerprint check) conducted by CFS.

Application for Idaho Child Welfare Scholar Stipend Program

Please type or print clearly.

| | | |
|------------|----------------|-----------|
| First Name | Middle Initial | Last Name |
|------------|----------------|-----------|

Home Address

| | | |
|------|-------|-----|
| City | State | Zip |
|------|-------|-----|

| | |
|---------------------------|---------------|
| Home Phone with Area Code | Email Address |
|---------------------------|---------------|

Business Name/Department

Business Address

| | | |
|------|-------|-----|
| City | State | Zip |
|------|-------|-----|

| | |
|-------------------------------|------------------------|
| Business Phone with Area Code | Business Email Address |
|-------------------------------|------------------------|

Are you a Current Employee of Idaho Child and Family Services? Yes _____ No _____

Select one:

- _____ Master of Social Work degree program at Boise State University's School of Social Work Child Welfare Program
- _____ Master of Social Work degree program at Eastern Washington University's School of Social Work and Human Services
- _____ Master of Social Work degree program at Northwest Nazarene University's Department of Social Work
- _____ Bachelor of Social Work degree program at Boise State University's School of Social Work Child Welfare Program
- _____ Bachelor of Social Work degree program at Eastern Washington University's School of Social Work and Human Services
- _____ Bachelor of Social Work degree program at Idaho State University's Department of Sociology, Social Work, and Criminal Justice
- _____ Bachelor of Social Work degree program at Lewis-Clark State College's Social Work Program
- _____ Bachelor of Social Work degree program at Northwest Nazarene University's Department of Social Work

Attachments:

- _____ Copy of application forms submitted to the Partner University social work program.
- _____ Copy of Acceptance letter from the Partner University social work program, if available.
- _____ Completed Child Welfare Stipend Award – Letter of Reference from current and next level supervisors and one of the following:
 - Community agency representative with good knowledge of the applicant
 - Previous supervisor
 - Academic advisor or college/university instructor
- _____ Two-page essay addressing the following:
 - Why you are applying for an Idaho Child Welfare Scholar Stipend
 - How receipt of the stipend will enable you to make a professional contribution in a direct service or administrative role within the Child and Family Services.
- _____ Completed Child Welfare Stipend Award – Self Evaluation

Agreement: If awarded a stipend, you will be required to sign a contract with the Idaho Department of Health and Welfare, Division of Family and Community Services and no disbursement of stipend can take place until this contract has been signed by all parties. In consideration for a Child Welfare Scholar Stipend Award, there is a corresponding work commitment. Attached is a sample copy of the contractual agreement.

CHILD WELFARE STIPEND AWARD: SELF EVALUATION

NAME OF APPLICANT: _____

Are you a current employee of Idaho Child and Family Services? Yes No

Essay: Please submit an essay which describes:

- ◆ Reasons for applying for the Child Welfare Scholars Program.
- ◆ How receipt of the Child Welfare Stipend will allow you to make a professional contribution in direct service or administration/management within Child and Family Services.
- ◆ Incorporate your responses to the six goal areas listed below.

This essay should be at least 2 pages and provide a thoughtful, comprehensive goal statement(s). The following self-evaluation must also be completed which incorporate skills and attitudes important to child welfare services. Your essay and self-evaluation will be important to the award decisions.

PLEASE PROVIDE INFORMATION ON YOURSELF IN TERMS OF EACH OF THE FOLLOWING GOALS

LEADERSHIP: We wish to provide financial assistance to social work students committed to providing leadership in public child welfare. This leadership could be in excellent service delivery as a caseworker/clinician, or in training, research, or administration.

Please describe how you see yourself in this goal: _____

COMMITMENT: We are seeking to support students who have a commitment to a career in public welfare. Please describe how you see yourself in this goal: _____

RELATIONSHIP CAPACITY: We are seeking to support students who have a capacity to build, encourage and maintain positive and professional relationships with colleagues, professional peers and community members. Please describe how you see yourself in this capacity: _____

ETHICS: We are seeking to support students who have shown skills of self-evaluation through appropriate use of supervision and ethical behavior as defined by the National Association of Social Workers Code of Ethics. Please describe how you have

CHILD WELFARE STIPEND AWARD: LETTER OF REFERENCE

NAME OF APPLICANT: _____

The Family Education Rights and Privacy Act of 1974 and its amendments guarantee students access to their educational records. Students may, however, waive their right of access to recommendations. The choice of the applicant regarding this recommendation is to be indicated below. Failure to sign will constitute acceptance of limited access.

- I waive my right to review this reference
 I retain my right to review this reference

Applicants Signature

Date

The above named applicant is applying for a Child Welfare Stipend Award through the Idaho Department of Health & Welfare. Your thoughtful reference is very important, as it will play a key role in the selection decisions.

Name of Person Providing the Reference: _____

Relationship to Applicant: _____

I know the Applicant [] Very Well [] Fairly Well [] Not Very Well

PLEASE PROVIDE INFORMATION ON THE APPLICANT IN TERMS OF EACH OF THE FOLLOWING GOALS

LEADERSHIP: This applicant demonstrates vision and practice consistent with "best practices" principles in their work with clients, staff, and community partners; inspires others' is committed to lifelong learning for self and others; expresses confidence in self and in colleagues; and demonstrates an ability to lead others by _____

COMMITMENT: This applicant has expressed and demonstrated a desire to obtain a career in the field of child welfare, and has shown a commitment to practice this profession in the State of Idaho by _____

RELATIONSHIP CAPACITY: This applicant has demonstrated collaborative, collegial community relationships by _____

ETHICS: This applicant has shown skills of self-evaluation through appropriate use of supervision and ethical behavior as defined by the National Association of Social Workers Code of Ethics by _____

CUSTOMER SERVICE: This applicant had demonstrated appropriate empathy and supports client efforts through collaboration, advocacy and timely communication. This has been demonstrated through _____

Please address your plan to support this applicant in an academic program. Emphasize ideas that you believe will advance their education and “new learning” in child welfare practice. Please comment on any additional strengths you would like for us to consider, or limitations you have identified in this applicant’s ability to complete the program for which this award is being presented. If you and the applicant have discussed performance or professional goals, include those in this statement. This statement is critical to the academic planning with this applicant and we want to thank you in advance for your candid assessment of this applicant.

Supervisor Signature

Date

Program Manager Comments: _____

Program Manager Signature

Date

Please return your completed application packet to your Faculty Field Coordinator:

If applying to Boise State University School of Social Work Child Welfare Program

Boise State University Child Welfare Program

ATTN: Ray Mullenax

300 Mallard, Ste. 120

Boise, ID 83706

Email: raymondmullenax@boisestate.edu

If applying to Eastern Washington University School of Social Work

Idaho Child Welfare Research & Training Center

ATTN: Carla Dvoracek

2005 Ironwood Parkway, Suite 130

Coeur d'Alene, ID 83814

Email: dvoracec@dhw@idaho.gov

If applying to Idaho State University Department of Sociology, Social Work, and Criminal Justice

Idaho State University

ATTN: Janis Stitt

921 S. 8th Avenue

Campus Box 8114

Pocatello, ID 83209-8114

Email: stittjani@isu.edu

If applying to Lewis-Clark State College School of Social Work

Lewis-Clark State College

ATTN: Heath Walters

500 8th Avenue

SPH 303A

Lewiston, ID 83501

Email: hbwalters@lcsc.edu

If applying to Northwest Nazarene University Department of Social Work

Northwest Nazarene University

ATTN: Lorrie Breshears

623 Holly Street

Nampa, ID 83686

Email: lorriebreshears@boisestate.edu