

Please check the option(s) applicable to you:

- Full Time Student
- Part Time Student

What is your expected Graduation Date:

**APPLICANT IDENTIFICATION**

Name: Last, First, MI

Social Security Number:

Birth Date:

Univeristy/College Name

Address while at school: (Number street, City, State, Zip)

Permanent Address if different: (Number street, City, State, Zip)

Work Phone:

Home Phone:

E-Mail Address

Emergency Contact:

Emergency Number:

Are you a Nebraska Resident

- Yes
- No

How long have you lived in Nebraska:

Age you eligible to work in the US?

- Yes
- No

Are you currently employed by DHHS or another Nebraska State Agency?

- Yes
- No

If yes: Date the employment began

**LANGUAGE SKILLS AND ETHNICITY**

In addition to English, are you fluent in another language:

- Yes
- No

If yes, please indicate language(s):

**VOLUNTEER AND/OR PAID EXPERIENCE**

Have you ever been employed by a social service agency?

- Yes
- No

If yes, please indicate the agency and dates of employment:

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Please list your volunteer or paid experience:

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Agency or Setting: (1)

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Description of Duties: (1)

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Dates: (1)

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Agency or Setting: (2)

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Description of Duties: (2)

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Dates: (2)

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Agency or Setting: (3)

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Description of Duties: (3)

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Dates: (3)

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Have you ever been convicted of a misdemeanor or a felony:

Yes

No

NOTE: This includes ALL convictions for any law violation (driving under the influence, shoplifting, minor in possession, reckless driving, no park permit, no fishing/hunting license, no operator's license on person, etc.), including convictions that have been set aside or pardoned. Minor traffic violations (parking or speeding tickets) do not need to be listed.

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If yes, please give date(s), location(s) and penalties. Convictions are evaluated for each position and ARE NOT NECESSARILY DISQUALIFYING. The recency, severity and pertinence of the conviction will be considered.

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### REFERENCE LETTER REQUIREMENTS

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Three professional reference letters are required; however, one letter must be from a current supervisor/manager (if applicable) and one reference letter needs to be from a social work professor or advisor. No personal references are permitted.

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**AFFIRMATION & RELEASE OF INFORMATION**

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Please initial each statement indicating that you understand and agree to the following requirements for Title IV-E support:

- I agree to provide as part of this application three (3) letters of recommendation from State personnel, professors, employment supervisors, or a combination of three to be submitted with my application on or before the final due date;
  
- I agree to maintain good standing during full-time or part-time enrollment in the BSW Program and to complete the BSW curriculum. "Good standing" is defined as maintaining a GPA of 2.5 or above;
  
- I affirm that I am enrolled in an accredited bachelor of social work degree program. This confirmation is included in my application materials.
  
- I understand that I am obligated to pay back this stipend through employment with DHHS upon graduation, and if I fail to do so I understand DHHS will seek repayment for the funds provided on my behalf.
  
- I understand the employment obligation is to be employed in a Title IV-E eligible position with DHHS commencing after graduation. The work commitment will be based on a period of time at least equal to the period for which financial assistance is granted.
  
- I agree for the academic institution to share information related to my academic performance.
  
- I understand that I will be required to maintain employment eligibility during the length of time during which I receive the Title IV-E education stipend.

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

Print name: \_\_\_\_\_

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

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**ESSAY QUESTIONS FOR PERSONAL STATEMENT**

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Directions: On separate sheets of paper, please respond to the following set of questions. Make sure that you respond to each question and include your name on each page. Please use headers to organize your responses and present your work in a brief and concise manner. Your entire response must be no longer than 5 double-spaced typed pages.

1. Please discuss your interests in working with Child Welfare System.
2. Please share your work or volunteer experience working with children and families.
3. What personal attributes do you have that would make you suitable for Child Welfare practice?
4. What difference do you hope to make?
5. What are your plans for self-care during the BSW program?

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I hereby affirm that all information I have provided in this Title IV-E Education Stipend Application for Bachelor of Social Work is true and correct.

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Student/Employee Signature	Date
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