Title IV-E Child Welfare Stipends

A Collaborative Project of the Department of Human Services, Child and Family Services Division and the University of North Dakota Department of Social Work

Stipend Application

The purpose of the IV-E Child Welfare Stipend is to develop the child welfare workforce in the state of North Dakota. The University of North Dakota, Department of Social Work collaborates with North Dakota Department of Human Services, Child and Family Services Division to enhance and increase the child welfare workforce. Through the University of North Dakota, educational stipends are provided per semester to UND social work students who agree to intern in a child welfare setting and seek employment in child welfare.

Please download and complete ALL information on pages 1-3 below (handwritten forms will not be accepted) and submit a hard copy of this application to:

Stephanie Homstad
University of North Dakota
Department of Social Work
225 Centennial Drive, Stop 7135
Gillette Hall, Room 105A
Grand Forks, ND 58202
701-777-3771
stephanie.homstad@UND.edu

I. Applicant Information

1) Name: ____________________________________________

2) Address: ____________________________________________

3) Home/Cell Phone: ________________________ Work Phone: ________________________

4) Email Addresses (UND & permanent email):

5) Please answer EITHER 5a or 5b.

   a) I have applied or will be applying to the:

      _____ UND BSSW program (date of application ____________)

      _____ UND MSW program (date of application ____________)

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b) I have been admitted to the:

_____ UND BSSW program (date of application __________)

_____ UND MSW program (date of application __________)

6) If already admitted to the BSSW or MSW program, please check one.

_____ I have taken or am currently taking the Child Welfare elective course (SWK 311 or 560). Please indicate when.

__________________________  ______________
Semester  Year

_____ I am not currently taking the Child Welfare course, but plan to take the course this coming:

__________________________  ______________
Semester  Year

7) I plan to graduate with my degree (check one and fill in year):

_____ May  __________

_____ August  __________

_____ December  __________

8) My current overall (not just social work) GPA is: ____________________________

II. Personal Essay

Please attach a one to two page (one page minimum) typed, double-spaced essay about your career plans. Please answer the following questions:

1) What are your specific career plans after graduation?
2) How will this stipend and obtaining a social work degree, help you benefit child welfare services in North Dakota?
3) Where do you see yourself professionally in 10 years?
III. Stipend Expectations

Please print your initials on the line before each statement below. **Your initials indicate your understanding of the stipend expectations.**

As a stipend recipient:

____ I must apply and be admitted to the UND Department of Social Work program. This includes meeting all departmental requirements for admission to the social work program.

____ I understand that the UND Social Work Department will obtain criminal background check information on me.

____ I agree to be enrolled (full or part-time) in the UND BSSW or MSW program.

____ I agree to maintain the academic and non-academic standards of the University of North Dakota and the Department of Social Work as outlined in the student handbooks of the University and the Department.

____ I agree to do my field internship in child welfare.


____ I understand that if I fail to meet any of the stipend requirements listed above, I may be required to pay back to the North Dakota Department of Human Services, Child and Family Services Division, any stipend amount I have received.

____ I understand that I must successfully complete the Social Work Child Welfare elective course.

____ I understand that I must successfully complete the Child Welfare Certification Training prior to beginning the Employment Service Period.

_________________________________________  _________________________________  ____________
Signature                                   Printed Name                                   Date
This page to be completed by Stipend Committee.

IV. Interview

Date of Interview: _____________________________________________________________________

Interviewers: _______________________________________________________________________

___________________________________________________________________________________

Decision by Stipend Committee:

____  Approved for _____________ (semester/year) stipend.  Amount of award: ________________

____  Not Approved.  Reasons: _______________________________________________________________________

___________________________________________________________________________________