
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
Alyssa Reynolds
Email: alyssareynolds@boisestate.edu
Phone: (208) 426-3129

Idaho State University
Staci Jensen-Hart
Email: hartstac@isu.edu
Phone: (208) 282-3377

Lewis-Clark State College
Lauren Nichols
Email: laurenn@lcsc.edu
Phone: (208) 792-2261

IDHW Scholars Contact:

Michelle Weir, Child Welfare Program Manager
Division of Family & Community Services
Email: Michelle.Weir@dhw.idaho.gov
Phone: (208) 334-5651
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, ISU, or LCSC, or to the Master of Social Work Program at BSU.

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 check including checks of the Child Abuse and Neglect Central Registry (through a fingerprint check conducted by CFS).

8. Successfully pass a drug test in compliance with Department policies and procedures for volunteers, intern, and employees.
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

_____ 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 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
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, Child and Family Services program and no disbursment 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:

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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:

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________________________________________________________________________
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 accomplished this goal


CUSTOMER SERVICE: We are seeking to support students who have shown a capacity for positive, productive service to clients. Please describe how you have demonstrated appropriate empathy and support of client’s efforts through collaboration, advocacy and timely communication:


Please address your plan to support public child welfare in your academic pursuit and in your practicum placement. Emphasize ideas that you believe will advance your 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 your own ability to complete the program for which this award is being presented. If you have discussed performance or professional goals with your supervisor (employee applicant), or Child Welfare Faculty Field Instructor (non-employees) please include those in this statement. This statement is critical to your academic planning and we want to thank you in advance for your candid assessment of yourself.

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Applicant Signature ________________________________  Date __________
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

Applicant’s 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

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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.

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Supervisor Signature                              Date

Program Manager Comments:

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Program Manager Signature                              Date
Thank you for your thoughtful completion of this Reference Form.
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 School of Social Work  
ATTN: Alyssa Reynolds  
1910 University Drive  
Boise, ID  83725-1940  
Email: alyssareynolds@boisestate.edu

**If applying to Idaho State University Department of Sociology, Social Work, and Criminology**

Idaho State University  
ATTN: Staci Jensen-Hart  
921 S. 8th Avenue  
Campus Box 8114  
Pocatello, ID 83209-8114  
Email: hartstac@isu.edu

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

Lewis-Clark State College  
ATTN: Lauren Nichols  
500 8th Avenue  
Lewiston, ID 83501  
Email: laurenn@lcsc.edu