



ARKANSAS DEPARTMENT OF HUMAN SERVICES
Division Of Children And Family Services
Child Welfare Student Stipend Application

NAME OF STUDENT _____ SSN# _____

LOCAL ADDRESS & PHONE _____

PERMANENT ADDRESS & PHONE _____

NAME OF PARENTS OR CLOSEST RELATIVE _____

ADDRESS & PHONE _____

E-MAIL ADDRESS _____ DECLARED MAJOR _____

PLANNED GRADUATION DATE (MO/DAY/YEAR) _____

When do you plan to take: FIELD I _____ SEMESTER/YEAR _____ FIELD II _____ SEMESTER/YEAR _____

Do you have regular access to a car for use during field agency hours? YES NO

List child welfare related courses or seminars you have taken or plan to take:

Course Name	Semester & Year
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DCFS has the greatest need for Family Service Workers in some counties, which have chronic vacancies or periodic high vacancy rates. Would you be willing to work any where in Arkansas following your graduation?
 YES NO

List at least five (5) counties where you would prefer to work after your graduation:

- | | | |
|----------|----------|----------|
| 1. _____ | 3. _____ | 5. _____ |
| 2. _____ | 4. _____ | 6. _____ |

List your experiences that relate to child welfare:

Volunteer work:

Employment::

Attendance at workshops or conferences:

Use this page if you need additional space for any of the previous questions.

Also on this page write at least a paragraph (typed, double spaced) describing your interest in and commitment to helping children and families.

Attach a copy of your unofficial transcript and three (3) letters of reference from people (no relatives) who have knowledge of your character and work habits.

I have received, read and understand DCFS Policy XI-C "Child Welfare Student Stipend Program".

Student Signature

Date