

CHILD WELFARE EMPLOYEE EDUCATION ASSISTANCE PROGRAM APPLICATION



Please note: At this time, the Child Welfare Employee Education Assistance Program (CWEEAP) is only offered for selected <u>full-time</u> local department of social services (LDSS) employees in Virginia who have been accepted into a <u>part-time</u> Master of Social Work (MSW) program.

Section I

Name: Click here to enter text.	Date of Application: Click here to enter a date.
School: Choose an item.	
Student ID#: Click here to enter tex	t.
Personal Mailing Address: Click her	e to enter text.
Personal Telephone: Click here to e	nter text.
Personal Email Address: Click here	to enter text.
Personal Emergency Contact: Click	here to enter text.
Section II	
At the beginning of the Choose an it	tem. semester, please note the type of program in which you wil
be enrolled:	
☐ MSW On-Campus part-tim	ne program;
For the above referenced semester	, please note the appropriate program level:
\square 1 st year; \square 2 nd year; \square 3	year; 4 th year (if applicable)
*Please submit proof of acceptance	e into a MSW program along with this application.
Expected Date of Graduation: Click	here to enter a date.
	byee of a local department of social services (LDSS) in Virginia? SS employees can be considered for the CWEEAP).
LDSS where currently employed ("	Supporting Agency"): Click here to enter text.
Region: Choose an item.	
Your Position Title: Click here to en	tertext

Are you currently employed in a primarily Foster Care, Adoption, or In-Home Services (Prevention) role? (Please note that full-time employees from any LDSS unit may apply). \square Yes \square No
If no, please explain your position: Click here to enter text.
LDSS Director: Click here to enter text.
LDSS Director Telephone: Click here to enter text.
LDSS Director Email: Click here to enter text.
Is the Director of your LDSS willing to submit an Agency Letter of Support? Part of the application process requires a letter of support from the agency in which you are employed ("Supporting Agency") signed by the Director. \square Yes \square No

Applicant Statements

Please answer the following questions on separate sheets of paper. Responses should be <u>two to three paragraphs in length</u>.

- 1. Why do you want to work with children and families?
- 2. Why should the Commonwealth of Virginia invest in you in the field of public child welfare?
- 3. Describe your experience in child welfare; volunteer, student, consumer, employee, etc.?
- 4. What are your long-term career goals (5-10 years)?

FOR YOUR INFORMATION:

- Recipients must already have been accepted into a part-time MSW program (either inperson or distance) prior to submitting the CWEEAP Application.
- Recipients may receive up to \$2,500 per semester (maximum of \$5,000 per year) to be applied only toward tuition and fees and paid on a reimbursement basis.
- Recipients must submit invoices for tuition and fees, proof of payment, and proof of acceptable semester grades following each semester in order to receive reimbursement.
- Students must sign a legally binding Agreement to adhere to all CWEEAP requirements. This includes the requirement that Recipient maintain employment at Supporting Agency during the program and fulfil a work repayment term at Supporting Agency, in foster care/adoption, following graduation. The work repayment requirement is six months of continuous, satisfactory employment for every year of funding accepted.
- CWEEAP funds are required to be repaid in full by Recipient if the academic, field placement or work repayment requirements are not satisfactorily met.
- Recipients must maintain a valid driver's license and a good driving record ('0' points or satisfactory review).

- Recipients must be able to pass criminal records checks and Central Child Abuse Registry checks in order to maintain LDSS employment.
- Interviews (telephone) are required in order to clarify information provided on the application and/or to make decisions about awarding the CWEEAP.
- Acceptance of this funding may affect other financial aid. Be sure to discuss this with a financial aid advisor.
- Employees must submit along with this Application proof of acceptance into a MSW program (i.e. letter of acceptance).
- Employees must submit along with this Application the accompanying *Agency Letter of Support.* This letter must be signed by the LDSS Director, noting the following:
 - Support of your pursuit of this program
 - Attestation to your work ethic, ability to perform in your current job duties, and satisfactory job performance
 - Agency's willingness to work with you and provide the necessary flexibility in schedule and case load assignments in order to accommodate field placement and academic work load needs (details of which are to be arranged between Employee and Director).
- Please review to the CWEEAP Recipient Agreement for a comprehensive listing of all contractual obligations required of Recipient. The Recipient Agreement should not be signed until an applicant is accepted into the CWEEAP.

Please submit this Application along with the *Agency Letter of Support* (signed by LDSS Director) to the VDSS Child Welfare Employee Education Assistance Program State Coordinator, Patrick Link, MSW, at patrick.link9@dss.virginia.gov.

Questions? Please email the VDSS CWEEAP State Coordinator at the email address above or call at (804) 510-3816. Thank You!