

Masters Child Welfare Education Program

New Jersey Department of Children and Families

Application for Financial Support and Masters Level Child Welfare Traineeship

APPLICATION DEADLINE: December 9th, 2022

Legal Name :			Employee Identification #:	
Last	First		Middle	
Permanent Address			Mailing Address (if different from permanent a	ddress)
Street			Street	
City	State	Zip Code	City, St, Zip	
DCF F we'll				
DCF E-mail:		DCF	Local Office:	
Permanent Civil Service Title:				
Current Job Title/Service Area	a:			
	Lis	st in order of attend	which you will apply or have applied. ance preference. most recent transcript is required.	
1)	ou are arready em	2)	3)	
Please indicate if you have, or	are taking: BSW	degree Currer	tly enrolled in a MSW Program	
Professional credit courses	Other graduate	social work courses	Other graduate courses	
social work as your profession community experiences that	education at this tim	ne and what you hop onal values, philosop ur decision to enter th		
2. What personal qualities do weaknesses.	you possess that w	ill prepare you for the	social work profession? Comment on your skills, streng	ths, and
3. What contribution do you bupon completion of the MSW	•	e to the Department	of Children and Families and the field of public child we	lfare
completing this application, I af payment of any federal education legally binding contract commit following graduation, to accept every year that I am supported it transcript may be reviewed by the participating MSW Programs and	firm that the inform onal loan. In additio tting myself, among and maintain empl n my MSW Program he DCF selection co d will only be notific	ation provided herei n, I understand that, other things, to com oyment in the New Jo n. I understand that m mmittee and by MCN	In I have provided is true to the best of my knowledge is complete, true, and correct, and that I am not in defat of offered funding for graduate study, I will be required to plete my social work degree program expeditiously and except Department of Children and Families (DCF) one year y application and supporting materials, including my active I understand that if approved, I will be assigned to decision for that assigned program.	ault in o sign a l, ar for cademic
Please send completed applic			Signaturo	
Dawn Konrady Fanslau, E Child Welfare Education I			Signature:	
Stockton University	Histitute		Date:	
101 Vera King Farris Drive	<u> </u>			
Galloway, NJ 08205			Revised	10/2022