

Galloway, NJ 08205

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 diffe	rent from permanent address)
Street			Street	
City	State	Zip Code	City, St, Zip	
DCF E-mail :		DCI	Local Office:	
Permanent Civil Service Title	:			
Current Job Title/Service Are	a:			
	Lis	st in order of attend	which you will apply or have a ance preference. 9 most recent transcript is req	
1)	-	2)		3)
Please indicate if you have, o	r are taking: BSW	degree Currei	tly enrolled in a MSW Program	_
Professional credit courses	_ Other graduate	social work courses	Other graduate courses	
field of child welfare, and you consist of essay responses to 1. Why do you want an MSW social work as your profession community experiences that 2. What personal qualities do weaknesses. 3. What contribution do you upon completion of the MSW I affirm that I am in good stan completing this application, I at	ar plans for future pro the following three education at this tim n. Discuss your perso have influenced you by you possess that w believe you will mak / degree? Inding with DCF and ffirm that the inform	ofessional developm questions: he and what you hop onal values, philosop ir decision to enter t ill prepare you for th e to the Department that the informatic ation provided here	ent. Your statement should be r e to gain from it? Please comme hy, knowledge of social issues, a e profession. • social work profession? Comm of Children and Families and th n I have provided is true to th n is complete, true, and correct,	ent on why you have chosen and the professional and ent on your skills, strengths, and e field of public child welfare e best of my knowledge. In and that I am not in default in
payment of any federal educati legally binding contract commi following graduation, to accept every year that I am supported	onal loan. In additio itting myself, among t and maintain empl- in my MSW Program the DCF selection co	n, I understand that, other things, to com oyment in the New J I. I understand that r mmittee and by MC	f offered funding for graduate s plete my social work degree pro rsey Department of Children ar y application and supporting m /EP. I understand that if approv	study, I will be required to sign a ogram expeditiously and, nd Families (DCF) one year for naterials, including my academic ed, I will be assigned to one of the
Please send completed applic			Cimentum	
Dawn Konrady Fanslau, Child Welfare Education			Signature:	
Stockton University 101 Vera King Farris Driv			Date:	