**Application for the CWEP Stipend Program**

Thank you for your interest in the Child Welfare Education Project (CWEP) at the Graduate College of Social Work (GCSW) of the University of Houston. In order for us to process your CWEP stipend application, we ask that you complete the following information, along with your most recent **resume**, and mail it back to the address below by **June 1, 2021**. **Please include your GCSW acceptance letter.** Applications returned after this due date may still be considered according to fund availability. Once your application has been reviewed and accepted by the selection committee, you will be contacted for further information. YOU MUST BE ADMITTED BY THE GCSW-MSW PROGRAM TO BE ELIGIBLE FOR A CWEP STIPEND.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Concentration (Please check): □ Clinical □ Macro □ Not determined yet\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Requested MSW Program Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred Admission Status (Please check): □ Hybrid □ Online □ Advanced Standing\_\_\_\_\_\_\_

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| 1. **What is your interest in preventing and intervening in child abuse and neglect?** |
| 1. **Please describe any related experience you have in working with children and families?** |
| 1. **What do you see as your strengths in the area of child abuse and neglect?** |
| 1. **In what ways will obtaining an MSW enhance your skills?** |
| 1. **The stipend program requires a contractual arrangement with CPS to work in the agency after completion of the MSW program. Would you be willing to commit to this requirement? (Please check)**  * Yes * No |
| 1. **Out-of-State tuition waiver needed? (Please check)**  * Yes * No |

**The following information is to be completed by current CPS employees**

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| --- | --- | --- | --- |
| Length of Employment at CPS: | | | |
| **Current Position: (please note that you must have worked in this eligible position for 1 year)** | | | |
| Name of Supervisor: | | | |
| Office Address, Unit No., & Phone number | | | |
| Name of Program Director: | | | |
| Please have the following signed by your supervisor:  I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby acknowledge that this employee is currently performing his/her work at a satisfactory level for production and attendance and has not violated any Standards of Conduct in the past 12 months. | | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Supervisor’s Signature | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Second-line Supervisor’s Signature | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date |

Thank you again for your interest. We will contact you once your admission materials have been reviewed. The application should be returned to: **Dr. Renita Laury, CWEP Director, 3511 Cullen 110 HA Social Work Bldg., Houston, TX77204-4013. You may also e-mail them to Dr. Laury at** [**rllaury@central.uh.edu**](mailto:rllaury@central.uh.edu)

Further inquiries: [rllaury@central.uh.edu](mailto:rllaury@central.uh.edu), Phone: (713) 743-5652