

101 Vera King Farris Dr., G258

Galloway, NJ 08205

Baccalaureate Child Welfare Education Program

New Jersey Department of Children and Families

Application for Financial Support and Child Welfare Traineeship

APPLICATION DEADLINE: March 15th

Name:	Social Security Number :	
Last, First, M.I.		
Driver's License (Include State):		
Phone Number:	Address (where you can receive mail)	
Cell Phone :	Street	
Preferred E-mail :	City State Zip Code	
Other E-mail :	Annual and the second with DCD0D2 Charles and the second s	
School ID Number :		No
	If yes, please explain:	
Anticipated Financial Aid (Grants and Scho	rships) for next Academic Year	
Anticipated Graduation date from college/	· ·	
Do you have oral and/or written proficienc		
Have you taken your school's Social Work of		
·		
	ease identify three counties in which you would like to complete the BCWEP into	ernsnip:
1	2 3	
 What professional qualities and skills do you what are some potential challenges you may Please state your understanding of the important to understan	rrently possess that will aid you in becoming an effective social worker in child welfare? ace in becoming an effective social worker in child welfare? Ince of diversity and difference in shaping life experiences. When working with the children and families of New Jersey? In New Jersey to transform child welfare services for vulnerable children and their families	es?
deral educational loan. In addition, I understand pyself, among other things, to complete my social ivision of Child Protection and Permanency (DCP paterials, including my academic transcript may be so include a professional staff member from DCP CP&P, which requires a background check, finger eturn this application WITH A CURRENT RESULT.		nitting Jersey porting ittee may
awn Konrady, EdD, LSW, MBA, MA hild Welfare Education Institute - SOBL	Signature of Applicant Dat	 :e
rockton University	. 3	

For additional information please visit: www.stockton.edu/bcwep