

APPLICATION FOR
UNIVERSITY OF OKLAHOMA ANNE AND HENRY ZARROW
SCHOOL OF SOCIAL WORK
CHILD WELFARE PROFESSIONAL ENHANCEMENT PROGRAM
Academic Year: _____

All information MUST be included for the application to be considered.

Date _____ Full Legal Name _____

SSN: _____ OU ID#: _____ Date of Birth _____ Sex (M/F) _____

Full Mailing Address _____

Email Address _____ Home Phone _____

Cell Phone _____ Work Phone _____

Are you a U.S. citizen? ___ Yes ___ No If NO, are you a legal permanent resident? ___ Yes ___ No

Status for upcoming academic year: (check only one)

Undergraduate BSW: Junior _____ Senior _____

Full time MSW Program: 2 year program: 1st year _____ 2nd year _____

Advanced Standing: 1 year _____ extended _____

Part Time MSW Program: 1st year, 1st half _____ 1st year 2nd half _____

2nd year (full time) _____

Campus (check only one) Norman _____ Tulsa _____

Are you currently employed by DHS? ___ Yes ___ No Is YES, contact guy.willis@okdhs.org

If yes, specify: full time _____ temporary _____ Location of County Office _____

Are you currently employed by a Tribe: ___ Yes ___ No Name of Tribe: _____

Please print out this form and complete the requirements listed below

Please complete and attach a statement addressing all of the following items, not to exceed 2 pages, double spaced in no less than 11 point type:

- Why you are interested in a career in public child welfare
- Any specific experiences you have had which made you consider applying to this program
- ANY personal experience or contact you have had with Child Welfare in any state or with the OK Department of Human Services in the past
- Describe what you know about the mission of Child Welfare
- Other (professional, financial, personal, etc.) obligations you currently have that may prohibit your fulfillment of the contractual obligation to work for OKDHS or a Tribe upon graduation

- Other financial aid you will receive
- State your interest and commitment to working in the field of Child Welfare; include a description of your strengths and liabilities in working with diverse population groups
- The name, accurate email address and phone number of two professional references, such as a former employer, supervisor or professor

You MUST attach the following to your application:

- _____ CWPEP Application statement
- _____ A resume of your work & education history

Prior to signing a contract with CWPEP, you MUST provide at your own expense:

- _____ Results of your Oklahoma State Bureau of Investigation (OSBI) Criminal History Information Request. Out of state applicants must obtain this from the state of residence.
https://osbi.ok.gov/sites/g/files/gmc476/f/documents/OSBI_CRIMINAL_HISTORY_REQUEST_fillable_FORM_02-2019.pdf
- _____ Results of your Oklahoma Department of Public Safety/driving records check. Out of state applicants must obtain this from the state of residence. <https://pay.apps.ok.gov/dps/mvr/app/index.php>

Unsworn Declaration:

I understand that acceptance into this program will be for one academic year at a time and re-application may be required for the second year. I understand that twelve (12) months of service/employment with OKDHS or Tribe is required for each academic year of BSW support and fifteen (15) months for each academic year of MSW scholarship support. The repayment obligation begins upon completion of the educational program. Failure to complete the required OKDHS service/employment or to complete the BSW or MSW degree requirements or to perform satisfactorily in the educational requirements will result in my repayment of funds expended on my behalf as per the contract I will sign upon acceptance into the Child Welfare Professional Enhancement Program.

I state under penalty of perjury under the laws of Oklahoma that the information contained in the foregoing application is true and correct to the best of my information and belief.

Subscribed on this _____(day) of _____(month), _____(year) at _____(city), _____(state).

 Affiant

Mail or deliver to:

University of Oklahoma
 Anne and Henry Zarrow School of Social Work
 CWPEP Room 220
 700 Elm
 Norman, OK 73019