**APPLICATION FOR**

**UNIVERSITY OF OKLAHOMA ANNE AND HENRY ZARROW**

**SCHOOL OF SOCIAL WORK**

**CHILD WELFARE PROFESSIONAL ENHANCEMENT PROGRAM**

**Academic Year:** Click or tap here to enter text.

**Date:** Click or tap to enter a date. **Full Legal Name:** Click or tap here to enter text.

**SSN:** Click or tap here to enter text. **OU ID#:** Click or tap here to enter text. **Date of Birth:** Click or tap to enter a date. **Sex:** Click or tap here to enter text.

**Full Mailing Address:** Click or tap here to enter text. **Home Phone:** Click or tap here to enter text.

**Cell Phone:** Click or tap here to enter text. **Work Phone:** Click or tap here to enter text.

**Are you a US Citizen?** Choose an item. **If No, are you a legal permanent resident?** Choose an item.

**Status for Upcoming Academic Year:** Choose an item. **Campus:** Choose an item.

**Are you currently employed by DHS?** Choose an item. **If yes, contact** **Guy.Willis@okdhs.org**

**If yes, specify:** Choose an item. **County/Region Office Assignment:** Click or tap here to enter text.

**Are you currently employed by a Tribe?** Choose an item. **If yes, Name of Tribe or enter N/A:** Click or tap here to enter text.

**Why are you interested in a career in public child welfare?** Click or tap here to enter text.

**Any specific experience(s) or contact you have had with Child Welfare in any state or with the Oklahoma Department of Human Services?** Click or tap here to enter text.

**Describe what you know about the mission of Child Welfare:** Click or tap here to enter text.

**Other (professional, financial, personal, etc.) obligation you currently have that may prohibit your fulfillment of the contractual obligation to work for DHS or a Tribe upon graduation?** Click or tap here to enter text.

**Other financial aid you will receive:** Click or tap here to enter text.

**State your interests and commitment to working in the field of Child Welfare. Include a description of your strengths and liabilities in working with diverse population groups:** Click or tap here to enter text.

**The names, accurate email addresses and phone numbers of two professional references, such as a current or former employer, supervisor, or professor:** Click or tap here to enter text.

**Resume:** Click or tap here to enter text.

**My initials below, indicate I understand that prior to signing a contract with CWPEP, I MUST provide at my own expense:**

**1. Results of my Oklahoma State Bureau of Investigation (OSBI) Criminal Information History 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**

**2. Results of my Oklahoma Department of Public Safety driving records check. Out of state applicants must obtain this from state of residence. https:/pay.apps.ok.gov/dps/mvr/app/index.php**

**Initials:** Click or tap here to enter text.

**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, if applicable. I understand that twelve (12) months of service/employment with OKDHS or Tribe is required for each academic year of BSW support and fifteen months (15) for each academic year of MSW scholarship support. The repayment obligation begins upon completion of the educational program. Failure to complete the required OKDHS or Tribe 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 or correct to the best of my information and belief.**

**Subscribed on this** Click or tap here to enter text. **(day) of** Click or tap here to enter text. **(month),** Click or tap here to enter text. **(year) at** Click or tap here to enter text. **(city),** Click or tap here to enter text. **(state).**

Click or tap here to enter text.

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**Affiant**

**E-mail to:** Misty.Stanberry@ou.edu

**OR**

**Mail or deliver to:**

**University of Oklahoma**

**Anne and Henry Zarrow School of Social Work**

**CWPEP Room 220**

**700 Elm**

**Norman, OK 73109**