

**CHILDREN, YOUTH AND FAMILIES DEPARTMENT  
TITLE IV-E STIPEND APPLICATION**

APPLICANT FULL NAME \_\_\_\_\_ APPLICANT SS# \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

ALIASES/AKA \_\_\_\_\_ E-MAIL \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

In case of an emergency, provide the name, address, phone number of someone we can contact.  
\_\_\_\_\_

If you have health issues that should be taken into consideration in your practicum placement, please indicate below.  
\_\_\_\_\_

Students should reach out to the NMHU Office of Financial Aid and Scholarships at 505-454-3318, or via email at [financialaid@nmhu.edu](mailto:financialaid@nmhu.edu), to explore how receiving the CYFD stipend with other grants, scholarships, loans, and other sources of financial aid, may impact their overall Cost of Attendance (COA). The COA is used to determine the total amount of financial aid a student can receive. There is a maximum Cost of Attendance and all sources of financial aid (including the CYFD stipend) cannot exceed this amount. In some instances, students may not be eligible to receive the stipend if they do not plan appropriately. Because you are applying for the CYFD Stipend, it's highly recommended that you discuss this opportunity (in the likelihood you receive it) and your overall financial aid package with the financial aid office in conjunction with completing this application.  
\*\*Receiving the CYFD stipend could affect your Financial Aid allocation. Please contact the Financial Aid office to inquire further.

When are you planning to complete field practicum? \_\_\_\_\_

The projected month/year that you will graduate \_\_\_\_\_

The information requested below is voluntary but is needed to assure compliance with analysis and reporting requirements of Federal Equal Employment Opportunity Laws. Your cooperation is appreciated.

CITIZENSHIP \_\_\_\_\_ PLACE OF BIRTH \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ RACE \_\_\_\_\_ SEX \_\_\_\_\_ HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_

COLOR OF EYES \_\_\_\_\_ COLOR OF HAIR \_\_\_\_\_

VALID HAIR AND EYE COLOR ENTRIES				
BAL - Bald	BRO - Brown	GRN - Green	MAR - Maroon	ONG - Orange
BLK - Black	BLU - Blue	HZL - Hazel	SDY - Sandy	RED - Red or Auburn
BLN - Blonde	GRY - Gray	PNK - Pink	WHI - White	PLE - Purple

**PLEASE INDICATE YOUR CLASSIFICATION**

<input type="checkbox"/> <b>BSW-Senior</b>	<input type="checkbox"/> <b>MSW Advanced Standing</b>  What is your concentration?  <input type="checkbox"/> <b>Clinical</b> <input type="checkbox"/> <b>Bilingual/Clinical</b> <input type="checkbox"/> <b>Leadership &amp; Administration</b> <input type="checkbox"/> <b>Online Student</b>	<input type="checkbox"/> <b>MSW 2-Year Program</b> Indicate upcoming year in program.  _____ 1 <sup>st</sup> YEAR _____ 2 <sup>nd</sup> YEAR  If in second year, indicate area of concentration. <input type="checkbox"/> <b>Online Student</b>	<input type="checkbox"/> <b>MSW 3-Year Part Time Program</b> Indicate upcoming year in Program.  _____ 1 <sup>st</sup> YEAR _____ 2 <sup>nd</sup> YEAR _____ 3 <sup>rd</sup> YEAR  If in third year, indicate area of concentration. <input type="checkbox"/> <b>Online Student</b>
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## APPLICATION REQUIREMENTS FOR ALL APPLICANTS

Have you ever been investigated for child abuse, neglect or molestation of a child? If so, please list what state and county you were investigated in, what the allegations were and what was the outcome of the investigation.

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Have you ever received a deferred prosecution, deferred judgment, been convicted or pled guilty to or pled nolo contendere to a criminal charge in any state, territory or district of the United States, or foreign country? If so, please explain the circumstances and outcome

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Have you ever been charged with or convicted of a DWI or DUI? If so, please explain the circumstances, when the charge/conviction occurred and what the outcome was.

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Do you have a valid driver's license? If not, please describe your circumstances.

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Do you have a method of transportation? If not, please describe your circumstances.

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## FIRST TIME STIPEND APPLICANT SECTION

**Student must submit (3) reference forms (available online), accompanied by a reference letter from each person providing the reference. Student must also submit a 4-6 page typed and double-spaced paper as part of the CYFD stipend application. The paper should address the following:**

1. What volunteer or paid experience have you had that relates to child welfare and permanency planning? Give agency names and length of time (dates of employment or volunteer time spent at each).
2. What is your understanding of the concept of "Permanency Planning"?
3. What contribution do you feel you can make to the field of child welfare?
4. What is the role of the State (CYFD) and the social worker in cases of child abuse and neglect?
5. What should a child protective service social worker possess in order to work effectively with abused/neglected children and their families?
6. What is the relevance of the social worker's own values in working with children and families?
7. Describe your personal values and how they will impact you as a Child Protective Services social worker.
8. Describe your career aspirations. Is a career in public child welfare consistent with your goals?

## STIPEND RENEWAL APPLICANT SECTION

Indicate year and number of semester(s) you received previous stipend(s) \_\_\_\_\_

**Student must submit one (1) reference letter and one (1) reference form, (available online) from a current field instructor. Reference letter should outline why student should be considered for a stipend renewal. Student must answer the following questions on a separate sheet of paper.**

1. List volunteer, paid, or field practicum experience relevant to child welfare issues that you had in the last year.
2. What challenges have you encountered during your practicum with CYFD and how have you dealt with these challenges?
3. Why would you like to be considered for a stipend renewal?
4. While completing your practicum with CYFD what have you seen to be your major strengths and areas of needed improvement?
5. Have your feelings about working for CYFD changed since you were last interviewed for a stipend? If so, how?
6. Drawing upon your academic coursework, previous or current employment and practicum experience, describe your growth in Child Welfare over the last year
7. If you are working now and plan to work while you continue your education, how do you plan to balance work and school along with other responsibilities?
8. How do you manage stress? What stress management techniques to do use?
9. What have you found to be supportive from your co-workers and/or supervisors at CYFD?
10. Are you on Academic Probation? If so, please explain your circumstances.
11. Will you be completing your field placement during your next year of study? If so, where do you plan to be placed? What do you hope to learn?
12. How does your academic work, previous or current employment, placement, or other experience in the last year apply to Child Welfare?

## CONTRACT REQUIREMENTS

1. Student shall accept and complete a Traineeship with Children Youth & Families Department Protective Services Division (PSD). If the Student is presently employed as a Social Worker with PSD, Student shall accept and complete an appropriate Traineeship/Field Practicum as determined jointly by NMHU and CYFD.
2. Student shall complete the required program of study for the BSW or MSW Degree, including the completion of specified courses as set forth by the School of Social Work.
3. Student shall enter into this Agreement, and **agree to accept employment** with CYFD, if such employment is offered, according to the following additional terms and conditions:
  - A. Student shall deliver to CYFD an official copy of Student's college transcript within two months of his/her graduation.
  - B. CYFD/PSD shall offer student stipend recipients employment within ninety (90) days of their graduation. Such offers shall be made unless precluded by legislative budget cuts, position freezes, or other circumstances beyond CYFD/PSD's control. In these instances, the student shall be exempt from repaying the stipend. In the event a student refuses to accept employment or there is a reasonable and objective finding by CYFD/PSD staff that a student's academic or professional performance renders him or her ineligible for CYFD/PSD employment, or the student is disqualified by the findings of the background check, such student shall not be offered employment and must repay the Traineeship/Stipend.
  - C. Student shall commence employment with CYFD within one (1) month of job offer. Student agrees to work **(18)** months for each full-time stipend received or (12) months for each part-time stipend received.
  - D. In the event of default, the student shall be required to repay the full amount of the stipend to NMHU (or, in the event the student has performed some employment for CYFD/PSD upon graduation, a pro-rated portion of the stipend based upon the amount of time of employment). Such payback must be initiated within six months of the student's graduation or as negotiated with NMHU and CYFD/PSD. Payback must be completed as of the end of the applicable work requirement, beginning at the point of initiation of payment. In other words, a student would have 24 months to pay back an 18-month work obligation; 42 months to pay back a 36-month work obligation.
  - E. During the term of his/her Traineeship, Student shall attend Stipend seminars/meetings as required. Student shall apply for a stipend on a yearly basis.
4. Are you currently employed with CYFD?  No  Yes - If yes, what division? \_\_\_\_\_
  - a) If yes, are you on Leave with Pay?  Yes  No **or** Leave Without Pay?  Yes  No
  - b) If yes, do you agree to accept an appropriate field placement in a PSD-County Office other than the one in which you are currently employed?  Yes  No
5. If you are selected to receive a CYFD stipend, you agree to commit yourself to employment with CYFD in any **county** in New Mexico where CYFD-Protective Services deem your services are needed. CYFD will try to offer you employment in **one of the 3 areas** you list below, however, make no guarantee that an opening will be available, and may offer you employment in other areas of New Mexico. In which **county** offices are you interested in completing your practicum?
  1. \_\_\_\_\_
  2. \_\_\_\_\_
  3. \_\_\_\_\_

**I certify that the information provided on this application is true and complete to the best of my knowledge. I understand that any misrepresentations may be considered grounds for denial or cancellation of stipend. I understand the stipend requirements as described in the application and agree to abide by the requirements if I am awarded a stipend.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Email completed application to:  
[skmaldonado@nmhu.edu](mailto:skmaldonado@nmhu.edu) – If you have any questions, phone (505) 426-2058.