



## Child Welfare Training and Advancement Program (CWTAP) BASW Student Application Checklist

### **Include these materials in your application submission:**

- Completed CWTAP Application Form
- Current Resume
- Two (2) letters of reference, including at least one professional reference. Use this [cover sheet](#) for each letter of reference.
- Typewritten, two-page, 12 pt font, double spaced essay on:
  - Non-Employed Applicant*  
“Why you are interested in working within the public child welfare system”
  - DCYF Employee Applicant*  
“Why you are interested in continuing to work within the public child welfare system”
- Completed [Employee Participation Form](#) *for current Department of Children, Youth and Families employees only*
- [Completed background check](#)

To submit your application, **email the completed application packet** to Autrey Jeske, CWTAP Program Specialist, at [ajeske2@ewu.edu](mailto:ajeske2@ewu.edu). You may also reach out for any assistance with your application via this email.

For statewide program information please contact  
Gerry Charvat, CWTAP Director  
Senior Hall 102, Cheney WA 99004  
(509)720-9894  
[gcharvat@ewu.edu](mailto:gcharvat@ewu.edu)



**Child Welfare Training and Advancement Program (CWTAP)**

**BASW Student Application Form**

**Date:**

**First Name:**

**Last Name:**

**Pronouns:**

**Address:**

**Cell Phone:**

**Work Phone:**

**Email:**

**Emergency Contact Name:**

**Relationship:**

**Phone Number:**

**Email Address:**

**This program requires applicants to have maintained a valid driver license for 2 years.**

**I have maintained a valid driver license for a minimum of 2 years.**

**Are you currently an enrolled BASW student at EWU?:**

**Anticipated Graduation Date:**

**I am a citizen or permanent resident of the United States of America (U.S.) and I will maintain my status as a citizen or a permanent resident of the United States of America (U.S.) for the duration of my CWTAP participation, including my Service Obligation Period with the Department of Children, Youth, and Families Child Welfare Division.      Yes      No**

**Are you a current DCYF Child Welfare Employee?:**

**If yes, please provide office/program:**

**Supervisor name & phone number:**

**Your work cell number:**

**Your DCYF email:**



**Letter of Reference Cover Sheet**

(Student to complete top portion)

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Name of applicant

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Name of reference and relationship to applicant

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Date letter must be received by CWTAP

This letter of reference is for the Child Welfare Training and Advancement Program (CWTAP). This applicant will have submitted other letters of reference for general admission to a School of Social Work. For the purposes of helping determine this applicant's suitability for the CWTAP, please discuss the following:

- 1) The applicant's experience working with children and families.
- 2) The applicant's experience with and capacity for culturally competent practice with diverse individuals and families.
- 3) The applicant's commitment and potential contribution to the field of working with families and children at risk.

Please sign, scan and email your letter to the applicant prior to the deadline.

**Please attach cover sheet to each letter**

