





Financial Scholarship Application

Date of Request:	School Currently	Attending:	
Applicant Information:			
Last Name	First Name	M.I.	Employee Reference
ACS Division (e.g., DCP)	Work Location (e.g., Queen	s Field Office)	Work Telephone #
Work Address	City	State	Zip
User ID#	Preferred Email Address	Preferred Con	tact Phone Number
Home Address	City	State	Zip
Civil Service or Non-competitive title		Functional Titl	e
Indicate your permanent title		Date of perma	nent title
Date started with ACS:	Distribution #	Work Unit #	
Immediate Supervisor's Name and Title		Telephone #	
Assistant Commissioner/Program Director	or's Name	Telephone #	

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(2)	Educational/	Training:
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Please list all colleges and universities attended, including community college, undergraduate or graduate programs, and dates of graduation. Include all non-mandated professional workshops, institutes, conferences, etc. you attended within the past two years to enhance your professional development.

Indicate undergraduate or graduate program you are currently attending:	
Attach a letter from your community college, undergraduate or graduate program verifying you are	!
enrolled including your GPA	

Name of Institute	Major/Course Title	Degree, Certificate or Credits Earned	Date(s)
Community College, Undergraduate or Graduate Program			
Programs (non-matriculated and matriculated) currently attending			
Other Professional Development Activities (past two years)			

If you need more space, attach additional sheets.







(3)	Employment History
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Attach an up-to-date resume.

4 Personal Statement to be Included with Your Application

Please read these instructions carefully and answer all of the questions outlined below. Use 12-point type, Times New Roman font, one and a half (1½) line spacing, and use 1 inch margins all around. Submit 2-3 full pages of text and include your name and reference # in the header and the page number(s) with the total number of pages in the footer (e.g. Page 1 of 3).

Once your personal statement is drafted, set aside time for review of your responses to ensure that all requirements are met and that all questions have been answered. There should be approximately 2-3 paragraphs per response, the content should flow logically and be free of grammatical errors or typos.

STATEMENT QUESTIONS:

- 1. How will this degree relate to your work career developments at ACS?
- 2. Based on your knowledge of the namesake of this scholarship program, what were his most admirable characteristics that led him to be an effective leader and advocate for children and families?
- 3. Describe a situation where your work (direct service, policy, practice, program development, etc.) made a difference in a family's life.
- 4. What are the most outstanding challenges or opportunities facing children's services today?

5	Professional Development Agreement	
	The purpose of this agreement is to ensure that all parties (the local	tion director, supervisor, and
	employee) understand that I,,	will be afforded the opportunity
	to complete my professional development program as long as my j	ob performance and attendance
	at the Administration for Children's Services are exemplary.	

I agree to sign a contract in order to be eligible for educational support services. This contract explains that I will continue to work in good faith at the Administration for Children's Services for two years after I graduate. The educational support services offered include up to seven hours of release time and a practicum experience. The purpose of release time is to allow me to be released from my work duties in order to attend classes that are not offered during the evenings or weekends.

In addition, I understand that PDP will arrange my educational assignments and supervision in conjunction with my school. I acknowledge that the school will work with ACS to provide a sound practicum, which may be within any ACS division, or outside of ACS. I understand that all educational assignments are subject to the approval of the Deputy Commissioner of the ACS division in which I currently work and will be based on the organizational needs of the agency.

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Applicant's Signature		Date	
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Title



6 Assessment from Immediate Supervi	sor
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Name of Applicant (Print)

To Immediate Supervisor:
Please attach a one page summary or memo responding to the following questions: Describe how the employee's participation in this staff development activity will benefit your program and the agency as a whole. Please assess the applicant's present job performance. Describe how the employee utilizes his/her interpersonal helping skills (demonstrates respect, empathy, and genuineness) while working with clients and other ACS staff. Assess the applicant's ability to manage their workload and academic responsibilities. Describe how this employee demonstrates the potential to be a future leader in the agency.
Supervisor's Name Phone #
Signature (Signature verifies acknowledgement of request for field placement/internship only)
CPM's Name Phone #
Signature (Signature verifies acknowledgement of request for field placement/internship only)



Location



Professional Development Program



Recommendation from Deputy Director RECOMMENDATION: O Highly Recommended O Recommended with Reservation (Must specify reasons in writing) O Recommended By signing below, I understand that I am recommending the above ACS employee for admission into the ACS Workforce Institute Professional Development Program. In addition, this recommendation does not connote approval for release time or field placement from the agency/division. Telephone # Name of Deputy Director (Please Print) Title Signature Date Location Division Approval from Assistant Commissioner/Program Director Name of Applicant (Print) Title Assistant Commissioner/Program Director (Print) Title **RECOMMENDATION:** O Highly Recommended O Recommended with Reservation (Please specify reasons in writing) O Recommended O Do Not Recommend (Please specify reasons in writing) I understand that by signing this recommendation, I agree to allow the above employee to take up to seven hours of release time to attend courses and participate in any full-time practicum required to obtain the specified degree, as long as the employee maintains a strong job performance and attendance with respect to his or her employment with ACS. Name of Borough Commissioner/Program Director or designee Title Signature Date

Division

Telephone #