

**APPLICATION FOR ADMISSION TO
CHILD AND FAMILY & ADVOCACY CERTIFICATE PROGRAM**

**MSU Chance at Childhood Program
238 Baker Hall
East Lansing, MI 48824
Phone: 517/432-8406
Director: Joseph Kozakiewicz, J.D., L.M.S.W.
APPLICATION DUE DATE: March 31, 2008
PLEASE TYPE OR PRINT LEGIBLY**

Applications will be considered based upon the following factors:

1. Judgment by the faculty of the candidate's suitability for the program based on a reading of the application.
2. Two letters of reference.
3. Evidence of personal qualities considered important for practicing child advocacy in a variety of legal matters.
4. Law students must have completed the following courses before beginning the program: Contracts I and II; Civil Procedure I and II; Criminal Law; Torts; Property; Constitutional Law I; Research, Writing and Analysis I and II.
5. A personal interview may be requested.

General Information:

Name _____
Last First Middle/Previous Names

Address _____
Street City County State Zip

Phone _____ SSN. _____
Home Work Mobile

Optional: Date of Birth _____ Age _____ Place of Birth _____
* Black Asian/PI Hispn Am Ind/Alaskan White/Caucasian

Legal Resident of Michigan: Yes ___ No ___; U.S. Citizen: Yes ___ No ___ Veteran: Yes ___ No ___

Email Address _____ PID _____

***Type "X" for the race/ethnicity to which you are usually regarded in the community as belonging or with which you identify the most. If you wish to indicate multiracial status type asterisk(s) for additional race ethnicity(ies).**

Undergraduate Major: _____

Social Work Graduate Courses Completed: _____

Law School Courses Completed Beyond 1st Year Curriculum: _____

Current Class Schedule: _____

***Social Work Students*(Circle Your Preference): Law & SW Clinic Placement or Community Placement**

References:

Please provide two individuals with Reference Forms and stamped envelopes addressed to the Program address on the first page of this application. Two of these forms are included with these application materials. You should provide letters of reference from persons who can evaluate your academic potential and your interest in working on behalf of children in legal and/or or social work settings. Do not provide references from personal acquaintances or family members. List your references below.

1. Name _____ Title &Occupation _____

Nature of association with you _____

Business Address _____ Phone _____
Street City State Zip Area Code

2. Name _____ Title &Occupation _____

Nature of association with you _____

Business Address _____ Phone _____
Street City State Zip Area Code

Applicant's Personal Statement:

Enclose with the application a double-spaced, typewritten, three to five page statement discussing the following points:

1. How and why did you become interested in children's issues and in social work and/or law? Please include personal experiences such as volunteer work, involvement in political or social action efforts or anything else that influenced your interest in this program.
2. What do you consider your personal strengths and limitations related to this program?
3. What are your career goals? How do you believe this program will help you to achieve these goals?
4. What social problems related to children are of particular concern to you? Why?

Professional, Volunteer and Leadership Experience:

List your employment and any significant volunteer and leadership positions in chronological order. Please be specific in describing the positions and be accurate in giving the names and addresses of employers. Employers will not be contacted without your written consent. List all paid positions held, including part-time and full-time positions. If more space is needed, use a separate sheet. Attach your resume to your completed application.

Name and Address of Organizations	Dates	Position Held

Certification:

I certify that all factual information given in this application is accurate.

Signature _____ Date _____

Reference Form

TO BE COMPLETED BY APPLICANT

(You must sign and indicate whether or not you wish to waive your right to access if this letter is to be included in your file.)

Recommendation for _____
Name of Applicant

I am aware of my rights under the Family Rights and Privacy Act of 1974 to have access to letters of recommendation written on my behalf.

_____ It is my desire that this letter be written in confidence, and I, therefore wish to waive my rights of access to this letter.

_____ I wish to retain my rights of access.

Signature _____ Date _____

Dear Reference:

The applicant named above has applied to the Child and Family Advocacy Certificate Program. We would like your assessment of the applicant to assist us in making our admissions decision. Accepted applicants must have the intellectual abilities to complete program requirements and to be successful social work practitioners. We are very appreciative of your assistance in helping us evaluate the applicant.

Decisions cannot be made until reference letters are received. Your prompt reply will assure that the application is reviewed in a timely fashion.

Thank you very much for your assistance.

Sincerely,

Joseph Kozakiewicz, J.D., L.M.S.W.
Director

Please answer the following questions:

1. In what capacity and for how long have you known the applicant?

2. Please comment on the applicant's experience in the broad area of social service.

3. What do you consider the applicant's major strengths and limitations as an applicant for the law and social work certificate program?

Please give your assessment of the applicant's abilities in each of the following areas:

	Below Average	Average	Above Average	Outstanding	Inadequate Opportunity to Evaluate
Intellectual capacity:					
Emotional maturity:					
Personal vigor and vitality:					
Relationships with other people:					
Commitment towards solving social problems:					
Commitment towards solving individual, family and group problems:					
Sensitivity to and respect for the uniqueness of individuals and special population groups:					
Self-awareness and ability to express ideas and feelings:					
Capacity for resourcefulness and creativity:					
Capacity to accept constructive criticism:					
Responsibility for carrying out assignments:					

Name of Reference : _____ Title: _____
 (Printed or Typed)

Signature of Reference : _____ Date: _____

Reference's Agency/Department: _____

Business Address: _____

Phone: _____
 (area code)

INSTRUCTIONS TO REFERENCES:

Please place the completed form and any accompanying letters in an envelope provided to you by the applicant, seal the envelope and sign across the seal. Return it to the applicant as soon as possible. The applicant must have all application materials sent to the School no later than March 31, 2008.

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