



**Colorado Child Welfare Scholars Consortium (CCWSC)  
 Work Payback Completion Form**

NAME:  
 ADDRESS, CITY,  
 STATE, ZIP:  
 Personal Email Address:  
 Telephone #:

**Stipend(s) received and amount.** Indicate each award received:

Academic year(s):

\$ \_\_\_\_\_                      \$ \_\_\_\_\_                      \$ \_\_\_\_\_  
 BSSW                              Foundation YR MSW      Concentration/Advanced Standing YR MSW

Child Welfare Scholars agree to accept a child welfare position serving Title IV-E eligible children and their families in a Colorado County Department of Social/Human Services or Colorado Tribal Child Welfare agency following graduation, and to work a full year (12 months) for each award received. Specific payback requirements and deferment options are outlined in the CCWSC student contract.

**Please complete and return this form to [childwelfarescholars@msudenver.edu](mailto:childwelfarescholars@msudenver.edu) once you have completed your work payback.**

**Failure to complete this step and stay in regular communication with CCWSC staff during this work payback period may result in collection activity. Once an account has been sent to State Collections, the Scholar can no longer work a more favorable payback plan with the CCWSC.**

*I accepted employment in the following Colorado County Department of Social/Human Services:*

*I am working/worked in the following unit(s)/department(s) which includes child welfare responsibilities serving Title IV-E eligible children and their families: (if more than one, please include start and end dates for each unit)*

**DATE OF GRADUATION:** \_\_\_\_\_

**DATE OF HIRE:** \_\_\_\_\_

**WORK PAYBACK COMPLETED DATE:** \_\_\_\_\_

*Are you still employed with this agency? \_\_\_\_\_ IF NOT, what are you doing now professionally or academically?*

**By signing this form, I have verified that all of the information above is complete and correct. This form must have all signatures and information below to be considered valid and complete.**

\_\_\_\_\_  
 Child Welfare Scholar Name

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Supervisor or HR Representative Name & Title

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date