

**To The DCS BSW/BSSW Tuition Assistance Program Applicant:**

**Type your name:**

Please request reference statements from three (3) persons who have recent knowledge about your qualifications. Ask each of them to send it back to you in a sealed envelope after signing across the seal. Submit those unopened letters together with your application. References must not come from relatives. Please include references within the following roles: employers, supervisors from your volunteer work at an agency, and at least one university faculty member, preferably a social work faculty member.

**YOUR SIGNATURE IS REQUIRED ON THIS FORM.**

Under the Family Educational Rights Act of 1974, students are entitled to review their records, including letters of recommendation. It is your option to waive your right to review this recommendation, or you may decline to do so. If you waive your right to review your recommendation forms, these evaluations will be considered confidential and will not be available for your inspection should you be accepted in the program. Please mark the appropriate statement below, indicating your choice of option, and sign your name.

I waive my right to review this recommendation.

I do not waive my right to review this recommendation.

**Applicant's Full Name**

**Applicant's Signature (Required)**

**Date**

**TO THE REFERENCE:** You have been asked to complete an evaluation of the above named individual who is applying for admission to the DCS BSW/BSSW Stipend Program. Your candid opinion will be of great assistance to us in evaluating his/her application. Your comments will be confidential if the applicant has waived right to review. All recommendations are destroyed once an applicant has been approved for admission. (Note: Applicants not approved for admission have no access to their file.)



Check the "Forms" Webpage for the current version and disregard previous versions. This form may not be altered without prior approval.

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CS-0984

Rev: 12/15



To help the Department of Children's Services make an informed decision on the applicant's suitability for the program, please answer the following questions:

**1. How long and in what capacity have you known the applicant?**

**2. Please evaluate the applicant in each of the following areas below:**

<b>Applicant</b>	<b>Did not exhibit this ability when presented with the opportunity</b>	<b>Exhibits a moderate ability</b>	<b>Exhibits ability</b>	<b>Exhibits strong abilities</b>	<b>Was not presented with the opportunity and cannot be reviewed</b>
	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>N/A</b>
<b>Works with a diverse range of people (i.e., race, class, culture, ethnicity, sexual orientation, etc.)</b>					
<b>Oral Communication Skills</b>					
<b>Written Communication Skills</b>					
<b>Manages multiple tasks</b>					
<b>Prioritizes work tasks</b>					
<b>Accepts constructive feedback</b>					
<b>Self-Awareness</b>					
<b>Control over her or his emotions</b>					



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**3. Based on your interactions with the applicant; what are her or his strengths?**

**4. Based on your interactions with the applicant; what are her or his opportunities for growth?**

**5. I will:**

**Recommend without reservation  
Recommend**

**Recommend with reservation  
Not Recommend**

**Full Name**

**Affiliation**

**Telephone:**

**Email:**

**Signature**

**Date**

**To the Reference:** After completion, return this recommendation to the student in a sealed and signed envelope, so they may submit it with the rest of their application materials.

**To the Student:** After completion, send this form along with the application materials to:

**Department of Children's Services  
Tuition Assistance Program  
UBS Tower  
315 Deaderick Street, 7<sup>th</sup> Floor  
Nashville, TN 37243  
OR Scan and Email to: [IV-E\\_Tuition.EI-DCS@tn.gov](mailto:IV-E_Tuition.EI-DCS@tn.gov)**



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