

INTENT TO RENEW FORM

I, _____, want to continue as a IV-E BSW Child Welfare Stipend Recipient for (semester, year) _____.

YES

NO

IF NO, indicate reason and include documentation confirming that you have arranged to repay your stipend monies to date.

IF YES,

Curriculum Plan for next Semester:

For students who will be Interning include name/address of internship.

Expected Graduation Date: _____

(Please use bottom portion of paper to document your child welfare related activities for this current semester)

Courses Completed

Workshops/trainings attended:

Other Child Welfare related activities, meetings attended.

If you were unable to complete any of the required course activities, attend required workshops or meetings, etc. Please identify what you were unable to do, provide explanation and your plan to address deficiencies.

Please attach a current copy of your transcript.