



# California Association of Black Social Workers

## Scholarship Application 2020-2021

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*Essence Webb*

*Immediate Past Presidents*

The California Association of Black Social Workers (CABS) is awarding scholarship grants to members or potential members pursuing degrees in higher education in Social Work. Each applicant must submit this application and supplemental material in completion.

**All materials must be postmarked no later than, Friday, October 16, 2020 NO EXCEPTIONS WILL BE MADE.** The following criteria will be used to select the scholarship awardees:

- GPA- minimum of 2.75;
- A typed-written Personal Profile (1 page);
- Statement of financial need; (1 page);
- Two (2) References (preferably one from a teacher and one from a local community organization or personal reference) 1 page each;
- Timely and complete application;
- Full time student (8 units or more) entering/existing student.
- Must be California resident

The scholarship winners will be announced at our state symposium which will be held on October 23, 2020, virtually in Los Angeles, CA 90047.

Should you have any questions regarding the application, please feel free to contact your local ABSW chapter representative or the CABS Education Committee Personnel.

Patricia Kelly  
Chairperson, CABS Education Committee

Loretta Swanegan, 619-846-7366  
Vice President, CABS

**Applications must be  
postmarked by October 16, 2020**

Mail to

CABS 2020 Scholarship  
**San Diego Association of  
Black Social Workers  
Post Office Box 740823  
San Diego, CA 92114**

C  
A  
B  
S  
W

### Area Chapters

Bay Area  
Fresno  
Los Angeles  
Sacramento  
San Diego

# CABSW ANNUAL SCHOLARSHIP APPLICATION

NAME \_\_\_\_\_ DOB \_\_\_\_\_  
Last First Month Day Year

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

PHONE: HOME \_\_\_\_\_ MESSAGE \_\_\_\_\_

EDUCATION:  
CURRENT UNIVERSITY ATTENDING: \_\_\_\_\_

CURRENT UNITS/HOURS ENROLLED \_\_\_\_\_ CURRENT GPA \_\_\_\_\_

## **FAMILY OR HOUSEHOLD COMPOSITION (ALL PERSONS IN THE HOME):**

NAME	RELATIONSHIP TO APPLICANT

**MONTHLY HOUSEHOLD INCOME (APPLICANT):** \_\_\_\_\_

**SOURCE OF INCOME (name/relationship to applicant of responsible person) :** \_\_\_\_\_

**CABSW ANNUAL SCHOLARSHIP APPLICATION page 2**

**PERSONAL PROFILE:**

**Please attach to application.**

**This is your space to tell us about yourself. The personal profile should be a one page, double spaced type written statement which should include, but not limited to the following:**

- Applicant's future goals in the area of social work**
- Further statement of financial need,**
- Any other information you would like considered.**

**ABSW INVOLVEMENT: Please list or provide information about your involvement with your local ABSW chapter:**

**Are you a member of ASBW? Yes or No (Please circle)**

**If so what chapter: \_\_\_\_\_**

\_\_\_\_\_

**Other scholarships: Please list all other scholarship awarded for 2020-2021**

Type/Name of Scholarship	Year/date awarded

**Additional Comments**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**APPLICANT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_**

**DO NOT WRITE BELOW THIS LINE**

	<b>Date</b>	<b>VERIFIED BY</b>
APPLICATION RECEIVED		
LETTER OF REFERENCE RECEIVED		
LETTER OF REFERENCE RECEIVED		
GPA VERIFICATION RECEIVED		

**Comments**

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## AUTHORIZATION TO RELEASE INFORMATION

**Applicant:** Please complete **PART A** of this form and submit to the university that you are currently attending. The institution must complete **PART B** and include the requested information: number of units currently taking, current enrollment status and current GPA.

### PART A: TO BE COMPLETED BY APPLICANT

I hereby authorize \_\_\_\_\_  
Name of Institution

\_\_\_\_\_  
Address of institution

to release to **a representative of the California Association of Black Social Workers**, information regarding my current enrollment status, number of units and current grade point average for the purpose of verification in the scholarship application process.

Name \_\_\_\_\_  
Last First Middle

Student ID# \_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

### PART B: TO BE COMPLETED BY THE UNIVERSITY

Current enrollment status \_\_\_\_\_

Number of unit this sem/qtr \_\_\_\_\_

Grade point average \_\_\_\_\_

The above information is true and accurate to date:

Authorization Signature \_\_\_\_\_

Position/Title \_\_\_\_\_

Date \_\_\_\_\_

**PLACE INSTITUTION STAMP/SEAL  
HERE**