



## **Bay Area Black Nurses Association, Inc.**

### **THE DOLORES A. WARREN SCHOLARSHIP**

The **Dolores A. Warren Scholarship** was established by the Bay Area Black Nurses Association (BABNA) in 1979 as a memorial to one of its members who, during her lifetime, contributed greatly to professional nursing and to the Bay Area community.

The purpose of the scholarship is to provide assistance to student nurses in financial need who demonstrate academic and clinical excellence and commitment to serve minority communities in the San Francisco Bay Area. The scholarship is open to unlicensed RN and LVN students currently enrolled in accredited San Francisco Bay Area Schools of Nursing. This scholarship is a **one-time** award.

The scholarship is awarded annually. The award amount varies based on funds available.

#### **Eligibility:**

Unlicensed RN or LVN student

Member of Bay Area Black Nurses Association

Enrollment in an accredited school of nursing program (completion of at least one semester) in satisfactory academic standing

Continued membership with BABNA for next year

#### **Distribution of Funds:**

Awarded the funds will be sent directly to the school where the student is enrolled.

Awarded funds will be reduced by the membership dues amount for next year

#### **Application Components:**

Complete application

Verification of enrollment in a nursing program with evidence of satisfactory academic standing

Three (3) letters of recommendation, at least two nursing instructors

Completed application and application components should be sent to Bay Area Black Nurses Association, 3317 Elm Street, Suite 103, Oakland CA 94609 or emailed to

[BABNA.scholarship@gmail.com](mailto:BABNA.scholarship@gmail.com).

Information about obtaining an application and deadline for submission can be obtained by contacting the Bay Area Chapter by phone: 510-269-7642, by email:

[BABNA.scholarship@gmail.com](mailto:BABNA.scholarship@gmail.com), or by going to our website: [www.BABNA.org](http://www.BABNA.org).



# Bay Area Black Nurses Association, Inc.

## THE DOLORES A. WARREN SCHOLARSHIP FUND

### SCHOLARSHIP APPLICATION

#### 1. PERSONAL DATA

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

#### 2. EDUCATIONAL DATA

Nursing Program Currently Enrolled In

\_\_\_\_\_

Date Enrolled \_\_\_\_\_ RN Program \_\_\_\_\_ LVN Program \_\_\_\_\_

Anticipated Graduation Date \_\_\_\_\_

Have you received a scholarship from another organization?

YES \_\_\_\_\_ NO \_\_\_\_\_

Have you previously applied for a scholarship through BABNA?

YES \_\_\_\_\_ NO \_\_\_\_\_

#### 3. FINANCIAL INFORMATION

Have you applied for a grant or loan for this school year?

YES \_\_\_\_\_ NO \_\_\_\_\_ AMOUNT \$ \_\_\_\_\_

Please list your educational expenses for the current year.

TUITION/FEES \$ \_\_\_\_\_ BOOKS \$ \_\_\_\_\_

UNIFORMS & OTHER SUPPLIES \$ \_\_\_\_\_







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#### SCHOLARSHIP REFERENCE

NAME OF APPLICANT \_\_\_\_\_

The above named applicant for the Dolores A. Warren Scholarship has given your name as a person who is willing to write a letter of recommendation. Your comments are considered most important, worthwhile, and are held in strict confidence. The scholarship committee will give your comments serious consideration. Because of this, the application for the scholarship will not be considered until we receive the following information in your response:

1. The applicant's ability to successfully complete a nursing program.
2. Leadership and personal qualifications.
3. Any other pertinent information that may assist the scholarship committee to make a decision about this applicant's request.

This applicant is: (check one)

- \_\_\_\_\_ Strongly Recommended  
\_\_\_\_\_ Recommended  
\_\_\_\_\_ Recommend with Reservations

Comments: \_\_\_\_\_

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Name \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_ Signature \_\_\_\_\_

Phone \_\_\_\_\_

Send your completed recommendation to: The Dolores A. Warren Scholarship Fund  
Scholarship Committee  
Bay Area Black Nurses Association, Inc.  
3317 Elm St. Suite 103  
Oakland, CA 94609

Or [BABNA.scholarship@gmail.com](mailto:BABNA.scholarship@gmail.com)



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Name \_\_\_\_\_ Date \_\_\_\_\_

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\_\_\_\_\_ Recommended  
\_\_\_\_\_ Recommend with Reservations

Comments: \_\_\_\_\_

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\_\_\_\_\_  
\_\_\_\_\_

Name \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_ Signature \_\_\_\_\_

Phone \_\_\_\_\_

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