

2009-2010 DEPARTMENT OF CHILDREN & FAMILIES

WILLIAM E. WARREN SCHOLARSHIP

APPLICATION

“Walk apart, to hear the music of your heart.”

- *William E. Warren*

The William E. Warren Scholarship Fund has been established to fund scholarships for youth who are or have been in care of the Massachusetts Department of Children & Families (DCF) and who are pursuing education at accredited institutions of higher learning.

Eligibility and Qualification

- Applicants must be in DCF care or custody or have been in the past for a minimum of one year.
- Applicants must be under age 25.
- Applicants must be enrolled in a post-secondary Title IV eligible program. (Students should contact specific schools to verify Title IV eligibility)
- Applicants must demonstrate academic potential and commitment to educational goals.
- Applicants must demonstrate significant unmet financial need.
- Applicants must demonstrate the ability to overcome challenges and obstacles.

Note: A financial aid award statement MUST be attached. Only youth who are able to submit a financial aid award letter by the August 7th postmark deadline will be eligible to compete for funding. Applications without financial aid award letters will be considered incomplete and will not be eligible for an award. Financial aid award statements are issued by colleges and vocational training programs.

Application Process

- Interested youth must submit completed applications and required documentation to the Department of Children & Families, William E. Warren Scholarship Program, 24 Farnsworth Street, Boston, MA 02210. All applications must be postmarked by August 7, 2009. Please see the Application Checklist on page 7 for a list of required documentation.

Review and Award Procedures

Awards range in amounts from \$150 to \$5,000 based on financial need and academic merit. Applications will be reviewed and recipients selected by the William E. Warren Scholarship Committee. Preference will be given to students who take advantage of all financial aid including loans and work-study.

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I. PERSONAL DATA

Name: _____ D.O.B.: _____

Address: _____

Telephone # (Day): _____ (Evening): _____

Social Security #: _____ Race/Ethnicity: _____

Are you currently in care of the Department of Children & Families? Yes No

If not, when were you discharged from care/custody? _____

Current/Former Area Office: _____

Current/Former Social Worker: _____

Briefly describe your current living situation and where you will be living when you attend school:

II. EDUCATIONAL INFORMATION

School/College currently attending: _____

School/College you will be enrolled in as of September 2009: _____

Address of this school/college: _____

Telephone number of Financial Aid Office: _____

Tuition and fees per academic year (tuition bill MUST be attached): _____

Room and board expenses per academic year (if not included in tuition bill): _____

Planned Dates of Attendance this academic year:

Month/Year _____ **to** **Month/Year** _____

Course of study: _____

Planned date of graduation: Month/Year _____

Please list all sources of income, including DCF Vendor payments, SSI, grants, scholarships and other financial assistance you are receiving that do NOT appear on your financial aid award statement.

Do you qualify for the Massachusetts Adoptive/Foster Youth Tuition Waiver Program?

Yes No Don't Know

Do you qualify for the Massachusetts Foster Child Grant Program?

Yes No Don't Know

Do you qualify for the Massachusetts DCF Education and Training Voucher Program?

Yes No Don't Know

Eligibility criteria for these programs can be found online at www.DCFkids.org under the Adolescent Services link.

III. AUTOBIOGRAPHICAL DATA

Please describe one strength that you possess and how this strength will help you be successful in your chosen course of study. Please also describe an anticipated challenge you will face in your chosen program and your plan to meet and overcome this challenge. This essay should be 1-2 typed pages and double-spaced. The essay may be attached on a separate sheet of paper.

Is there a financial gap between your financial aid award and your cost of attendance?

Yes

No

**If “Yes,” please explain the amount of unmet need and your proposed payment plan.
If “No,” please explain your need for this Scholarship.**

Briefly describe all extracurricular activities in which you have participated and all jobs and/or volunteer positions you have held.

IV. APPLICATION CHECK LIST

Is your application complete? Did you include?

- Two letters of recommendation?
- Copy of most recent high school or college transcript?
- Proof of enrollment?
- Financial aid award statement?
- Essay
- W-9 Tax Form

POST MARK DEADLINE FOR ALL APPLICATIONS IS August 7, 2009. Please note that incomplete applications will not be processed. All application materials, including the financial aid award letter, must be submitted by the deadline for competitive entry.

All students who submit completed applications will receive a response letter informing them of the status of their application by October 2009.

(Signature)

(Date)

Return application to The William E. Warren Scholarship Program at DCF Central Office, 24 Farnsworth St., Boston, MA 02210. If you have any questions about the Scholarship Program or Application please call Michelle Banks at 617-748-2430.

DEPARTMENT OF SOCIAL SERVICES
WILLIAM E. WARREN SCHOLARSHIP

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RECOMMENDATION FORM

This recommendation form must be completed by a person who has known the applicant for a period of at least six months and is not a relative or friend of the applicant. ***Return completed form to: The William E. Warren Scholarship Program, Department of Social Services, 24 Farnsworth Street, Boston, MA 02210.***

Applicant's Name: _____

Recommendation by: _____

Address: _____

Telephone #: _____

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

II. Please describe the applicant's ability and motivation to follow through with his/her goal of obtaining higher education or vocational training.

III. Please explain how the applicant would benefit from this scholarship and why you believe he/she is deserving of the award.

IV. What additional information do you wish the committee to be aware of in its consideration of the applicant?

(Signature)

(Date)

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