***2025-2026***

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|  | The Commonwealth of MassachusettsExecutive Office of Health and Human Services**Department of Children and Families** |
| MAURA T. HEALEYGovernor | 1 Ashburton Place, 3rd Floor, Boston, Massachusetts 02108Tel (617) 748-2000  Fax (617) 748-2156 |
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| KIMBERLEY DRISCOLLLieutenant Governor |  |
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| KATHLEEN E. WALSHSecretary |  |
| ♦ |  |
| STAVERNE Y. MILLERCommissioner |  |
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***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. The 2025-2026 William Warren Scholarship Program will award several scholarships ranging from $150-$2,000 based on financial need, academic merit, and funding availability. Selection of recipients will be based upon proven academic merit and financial need. Winners of this scholarship must meet the eligibility criteria below:

**Eligibility and Qualifications:**

1. Applicants must be in DCF care or custody or have been in the past for a minimum of one year.
2. Applicants must be under age 25.
3. Applicants must be enrolled in a post-secondary Title IV eligible program (students should contact specific schools to verify Title IV eligibility).
4. Applicants must demonstrate academic potential and commitment to educational goals.
5. Applicants must demonstrate significant unmet financial need.
6. Applicants must demonstrate the ability to overcome challenges and obstacles.
7. Applicants must have filed a *2025-2026 FAFSA- Free Application for Federal Student Aid* (the FAFSA website is [www.fafsa.ed.gov](http://www.fafsa.ed.gov)) or MASFA- Massachusetts Application for State Financial Aid for eligible non-citizens (for more information, please visit [www.mass.edu/tuitionequity/home.asp](http://www.mass.edu/tuitionequity/home.asp)).

Students must submit completed applications and required documentation by mail or by email. All applications must emailed or be postmarked by **August 5, 2025.** Faxed applications will not be accepted. Please see the Application Checklist on page 4 for a list of required documentation. Applications will be reviewed and recipients selected by the William E. Warren Scholarship Committee.

|  |  |
| --- | --- |
| **Date:** |   |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **1. Name:**  |  |  | **2. D.O.B.:**  |  |  |
| **3.** **Social Security #:** |  |  | **4. Pronouns:** |  |  |
| **5. Telephone number:** |  |  | **6. E-mail:** |  |  |
| **7. Address:** |  |
| **City:** |  | **State:** |  | **Zip:** |  |
| **8. Racial or Ethnic Identity:** |  |  |  |  |  |
| **9. School/College where currently enrolled:** |  |  |  |  |  |
| **City/Town:** |  | **State:** |  |
| **Telephone number of Financial Aid Office:** |  |  |  |

**10. Enrollment Information (please check your appropriate response in each section):**

**When will you be enrolled? What is your current grade level?**

[ ]  1st Semester and 2nd Semester [ ]  1st year/ freshman

[ ]  1st Semester only [ ]  2nd year/ sophomore

[ ]  2nd Semester only [ ]  3rd year/ junior

 [ ]  4th year/ senior

 [ ]  Voc/Technical Program

**What is your current enrollment status?**

|  |  |  |
| --- | --- | --- |
| [ ]  Enrolled Part-time | **Expected year of graduation (month/year):** |   |
| [ ]  Enrolled Full-time | **Course of Study/Major:**  |   |

**11. Are you currently in the care of the Department of Children and Families?** Yes [ ]  No [ ]

|  |  |
| --- | --- |
|  **If not, when were you discharged from care/custody?** |   |
| **12. Current/Former Area Office:** |  |
| **13. Current/Former Social Worker:** |  |

**14. What will your living situation be when you attend school (check one)?**

[ ]  Dorm

[ ]  Independent Living/Transitional Living Program

[ ]  Foster Home

[ ]  Rented Apartment/House (**please indicate your individual monthly rent**) $\_\_\_\_\_\_\_

[ ]  Public Housing

[ ]  Home of parent/family member (**if paying rent- amount charged**) $\_\_\_\_\_\_\_\_\_\_\_

[ ]  Don’t know

**15. Please indicate if you are a recipient of any of the following:**

|  |  |
| --- | --- |
| Weekly income from employment | $  |
| Work-Study income  | $  |
| Private Scholarship(s) | $  |
| DCF Youth Adult Support Payment (YASP) | $  |
| Social Security  | $  |
| Transitional Assistance (DTA, Welfare) | $  |
| Mass Rehab Educational Payment | $  |
| Workforce Investment Act Funding | $  |
| Other financial assistance | $  |

|  |  |
| --- | --- |
| **16. Tuition and fees per academic year (tuition bill MUST be included with application):** | **$**  |

|  |  |
| --- | --- |
| **17. Room and board expenses per academic year (if not included in tuition bill):** | **$**  |

**18. 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:**

|  |
| --- |
|  |

**19. Please include a resume describing extracurricular activities,**

 **jobs and/or volunteer positions you have held in the past 24 months.**

 **Please attach your resume to your application.**

**20. ESSAY**

**Please describe the strengths you have to be successful in post-secondary education. How will these strengths and your education fuel your success in life? This essay should be 1-2 typed pages, double-spaced, and attached to your application.**

**21. RECOMMENDATION**

 **Please submit one letter of recommendation from an educator, employer,**

 **guidance counselor, and/ or social worker who can speak to your academic**

 **performance.**



**Application Checklist**

**Your application must include ALL of the items below in order to be considered for an award.**

Completed Scholarship Application Form, Pages 2-4 [ ]

###### Financial Aid Award Letter [ ]

Tuition Bill/Detailed Account History [ ]

A letter of recommendation [ ]

###### Copy of most recent high school or college transcript [ ]

Essay [ ]

Resume [ ]

Signed W-9 Tax Form ([www.irs.gov/pub/irs-pdf/fw9.pdf](http://www.irs.gov/pub/irs-pdf/fw9.pdf)) [ ]

**POST MARK DEADLINE FOR ALL APPLICATIONS IS AUGUST 5, 2025.Please note, incomplete and/or late applications will not be processed. All application materials, including the financial aid award letter and tuition bill must be submitted by the deadline for competitive entry.**

**All students who submit completed applications by the deadline will receive a response letter informing them of the status of their application by October 10, 2025.**

|  |  |  |
| --- | --- | --- |
|   |  |   |
| (Applicant Signature) |  | Date |

**Email the application to:** **youth.support@mass.gov**.

**Or mail the application to:**

DCF Adolescent and Young Adult Services Unit

The William E. Warren Scholarship Program

1 Ashburton Place, 3rd Floor

Boston, MA 02108

Faxed applications will not be accepted.

**If you have any questions about the scholarship program or application, please email:** **youth.support@mass.gov**.



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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.

***Email completed form to* *youth.support@mass.gov or mail via standard mail to:***

***DCF Adolescent and Young Adult Services Unit***

***The William E. Warren Scholarship Program***

***1 Ashburton Place, 3rd Floor***

***Boston, MA 02108***

|  |  |
| --- | --- |
| **Applicant’s Name:**  |  |
| **Recommendation by:**  |  |
| **Address:** |  |
| **City/State/Zip:** |  |
| **Telephone:** |  |

**(more)**

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

1. **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)



