The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Children and Families
1 Ashburton Place, 3rd Floor, Boston, Massachusetts 02108
Telephone: (617) 748-2000 | Fax: (617) 748-2156
Maura T. Healey, Governor; Kimberley Driscoll, Lieutenant Governor; Kathleen E. Walsh, Secretary;
Staverne Y. Miller, Commissioner

2027-2028 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 2027-2028 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

- 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.
- Applicants must have filed a 2027-2028 FAFSA - Free Application for Federal Student Aid (the FAFSA website is 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).

Students must submit completed applications and required documentation by mail or by email. All applications must be emailed or be postmarked by August 15, 2027; late applications can be considered and awards made depending on funding availability. Faxed applications will not be accepted. Please see the Application Checklist for a list of required documentation. Applications will be reviewed and recipients selected by the William E. Warren Scholarship Committee.

Application Form

Date

Complete the following application questions. Where a choice is offered, select the appropriate answer.

1. Name

2. Date of Birth

3. Social Security Number (if applicable)

4. Pronouns

5. Telephone number

6. Email address

7. Address

City

State

ZIP code

8. Racial or Ethnic Identity

9. School/College where currently enrolled

School City/Town

School State

Telephone number of Financial Aid Office

10. Enrollment Information

When will you be enrolled?

- ◯ 1st Semester and 2nd Semester
- ◯ 1st Semester only
- ◯ 2nd Semester only

What is your current grade level?

- ◯ 1st year/freshman
- ◯ 2nd year/sophomore
- ◯ 3rd year/junior
- ◯ 4th year/senior
- ◯ Voc/Technical Program

What is your current enrollment status?

- ◯ Enrolled Part-time
- ◯ Enrolled Full-time

Expected year of graduation (month/ year)

Course of Study/Major

11. Are you currently in the care of the Department of Children and Families?

- ☐ Yes
- ☐ No

If not, date/age 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
- ☐ Public Housing
- ☐ Home of parent/family member
- ☐ Don’t know

If rented apartment/house, your individual monthly rent ($)

If home of parent/family member, rent amount charged ($)

15. Financial Assistance and Income

Please indicate if you are a recipient of any of the following; enter the amount in dollars.

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 billing

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. Resume

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 strengths you have that will allow you to be successful in college or vocational school. 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 the items below 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

POST MARK DEADLINE FOR ALL APPLICATIONS IS AUGUST 15, 2027. 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 1, 2027.

Applicant Signature

Signature Date

How to Submit the Application

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.

2027-2028 William E. Warren Scholarship Recommendation Form

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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 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

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 deserves the award.

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

Signature

Date