***2023-2024***

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|  | The Commonwealth of Massachusetts  Executive Office of Health and Human Services  **Department of Children and Families** |
| MAURA T. HEALEY  Governor | 600 Washington Street, 6th Floor, Boston, Massachusetts 02111  Tel (617) 748-2000  Fax (617) 748-2156 |
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| KIMBERLEY DRISCOLL  Lieutenant Governor |  |
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| KATHLEEN E. WALSH  Secretary |  |
| ♦ |  |
| LINDA S. SPEARS  Commissioner |  |
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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 2023-2024 William Warren Scholarship Program will award **3 to 5** competitors scholarships ranging from $150-$2,000 based on financial need and academic merit. 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.

Students must submit completed applications and required documentation to the DCF William E. Warren Scholarship Program, Adolescent and Young Adult Services Unit, 600 Washington Street, 6th Floor, Boston, MA 02111 or by email to **youth.support@mass.gov**. All applications must be postmarked by **August 4, 2023.** 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.

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| **Date:** |  |

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| **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

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**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:**

|  |
| --- |
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**19. Are you eligible for the Massachusetts Foster Child Grant?** Yes  No  Don’t Know

The application filing deadline for the Foster Child Grant is **June 16, 2023**.

**20. Are you eligible for the Massachusetts Adoptive/Foster Child Tuition and Fee Waiver?**

Yes  No  Don’t Know

If yes, do you currently have a Massachusetts Foster Child Tuition Waiver? Yes  No

Students must be attending a Massachusetts public college or university as part of eligibility for a Massachusetts Foster Child Tuition and Fee Waiver. If eligible, students must apply.

**21. Are you eligible 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.mass.gov/dcf under the Adolescent Services link. Please review this information online before checking “Don’t Know”.**

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**22. 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.**

**23. 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.**

**24. 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 4, 2023.Please note that 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 30, 2023.**

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

**Return application to The William E. Warren Scholarship Program at DCF Central Office, Adolescent Services,** 600 Washington Street, 6th Floor, Boston, MA 02111 or email to **youth.support@mass.gov**. 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:***

***Department of Children and Families***

***The William E. Warren Scholarship Program, Central Office, Adolescent Services***

***600 Washington Street, 6th floor***

***Boston, MA 02111***

|  |  |
| --- | --- |
| **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)

Text

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