

HAMILTON-WENHAM REGIONAL SCHOOLDISTRICT
5 School Street, Wenham, MA 01984

Scholarship Criteria
Scholarship Information and Application

Applications for scholarships will only be considered for families whose circumstances fall within one of the following categories and who provide the required documentation. Please note that there are limitations to scholarships. The Principal reserves the right to determine eligibility and whether to grant partial and full scholarships based upon his/her review of the required documentation and availability of scholarship funds.

1. **Free and Reduced Price School Meal** - All students who currently receive free or reduced price meals through the Hamilton-Wenham Food Service may be eligible for a partial or full scholarship based upon the availability of scholarships.
2. **Income Eligibility** - Families whose combined family income is equal to or less than the amount listed below may be eligible for a partial or full scholarship based upon the review of documentation submitted to the Principal and the availability of scholarship funds.

Household Size	2	3	4	5	6	Each additional person
Annual Combined Family Income	\$29,750	\$39,800	\$53,400	\$71,500	\$95,900	\$10,115

3. **Extenuating Circumstances** - Families with extenuating circumstances may apply for full or partial scholarships. Partial or full scholarships will be awarded based upon the Principal's review of the application and documentation submitted by the family and the availability of scholarship funds. Extenuating circumstances could include temporary unemployment, the number of children participating in fee-based programs, athletics or co-curricular activities.

Application Form

Family Information - Complete this section with all the necessary information including the names of all students, their grades and which fee-based programs (pre-schools, integrated all day kindergarten (IKP), extracurricular activities, athletics, etc.) to be considered for scholarship funds.

Scholarship Eligibility - Complete sections 1, 2 or 3 based on the eligibility criteria to be considered:

Section 1 - Free or Reduced Priced School Meal

If you are receiving a free or reduced price school meal through Hamilton-Wenham Food Service, you may be eligible for a partial or full scholarship. Sign section 1, indicating your permission for the administration to verify your eligibility. You must include a copy of your two most recent pay checks and the most recent federal tax return with your application.

Section 2 – Income Eligibility

If your combined family income is less than or equal to the amount listed above for your family size, you may be eligible for a partial or full scholarship. Indicate your family size, combined family income and sign. You must include a copy of your two most recent paychecks and the most recent federal tax return with your application.

Section 3 - Extenuating Circumstances

If you do not qualify in sections 1 or 2, you may apply for a partial or full scholarship based on extenuating circumstances. Fully detail the circumstances that affect your ability to pay the full fee. If necessary attach additional sheets. You must include a copy of your two most recent paychecks and attach a copy of your most recent federal tax return. Also note the dollar amount of the scholarship you are requesting.

HAMILTON-WENHAM REGIONAL SCHOOL DISTRICT
5 School Street, Wenham, MA 01984

Scholarship Application

I. Family Information

Family Name:		
Address:		
Phone Number:		
E-Mail Address:		
Student(s) covered by this application:		
Name	Grade	Program, Sport or Activity

II. Scholarship Eligibility *(Please complete one section)*

Section 1
The student(s) listed above are currently receiving a free or reduced price school meal through Hamilton-Wenham Regional Food Services. I give permission for the Principal and Food Service Director to review the Free and Reduced Price School Meals Application in order to verify eligibility. I have enclosed a copy of my most recent federal tax return and two most recent paycheck stubs.
Signature of Parent/Guardian: _____ Date: _____

Section 2
Our combined family income is equal to or less than the total listed in the Income Eligibility Chart for a family of our size. I have enclosed a copy of our most current federal income tax return and two most recent paycheck stubs.
Family Size (Total number of dependents declared on the most recent tax return):
Combined family income (total gross income):
Signature of Parent/Guardian: _____ Date: _____

Section 3
We wish to be considered for a scholarship due to extenuating circumstances. We have enclosed a copy of our most current federal income tax return, the two most recent paycheck stubs and other documents supporting the extenuating circumstances.
Explanation of Extenuating Circumstances (attach additional pages if necessary):
Signature of Parent/Guardian: _____ Date: _____

-----Office use only-----

Reviewed by: _____ Date: _____

Scholarship awarded: _____ Yes _____ No

If no, please state reasons why:

If Yes: please complete the following:

Partial Scholarships awarded to the following students:

1. _____ Activity: _____ Amount: _____
2. _____ Activity: _____ Amount: _____
3. _____ Activity: _____ Amount: _____
4. _____ Activity: _____ Amount: _____

Full Scholarships awarded to the following students:

1. _____ Activity: _____ Amount: _____
2. _____ Activity: _____ Amount: _____
3. _____ Activity: _____ Amount: _____
4. _____ Activity: _____ Amount: _____