



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) Name:
DOB:
Student(s) Name:
DOB:
Scholarship/Program Applying For:

II. Scholarship Eligibility (please complete one section)

Section 1

The student(s) listed above is 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.

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.

Signature of Parent/ Guardian: _____ Date: _____



HAMILTON-WENHAM
REGIONAL SCHOOL DISTRICT

----- **Office Use Only** -----

Reviewed by: _____

Scholarship awarded: _____ Yes _____ No

If no, please state reason(s) why:

If yes, please complete the following:

Full Scholarship awarded to:

Student's Name: _____

Program: _____

Amount Awarded: \$ _____

Partial Scholarship awarded to:

Student's Name: _____

Program: _____

Amount Awarded: \$ _____

Building Principal Signature: _____ Date: _____

Final Decision

Scholarship awarded: _____ Yes _____ No

Assistant Superintendent Signature: _____ Date: _____



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Financial Assistance Guidelines

HWRSD follows the *Department of Agriculture Child Nutrition Programs: Income Eligibility Guidelines* when determining eligibility found here <https://www.fns.usda.gov/cn/fr-022024>. All applicants must submit their most recent tax return for verification of total income. All documents should be submitted to the building principal and forwarded to the Assistant Superintendent of Finance and Administration.

Income Eligibility Guidelines (For Full Scholarship)				
July 1, 2024 – June 30, 2025				
Household Size:	Yearly	Monthly	Bi-Weekly	Weekly
1	\$19,578	\$1,632	\$753	\$377
2	\$26,572	\$2,215	\$1,022	\$511
3	\$33,566	\$2,798	\$1,291	\$646
4	\$40,560	\$3,380	\$1,560	\$780
5	\$47,554	\$3,963	\$1,829	\$915
6	\$54,548	\$4,546	\$2,098	\$1,049
7	\$61,542	\$5,129	\$2,367	\$1,184
8	\$68,536	\$5,712	\$2,636	\$1,318
For each additional family member add...	\$6,994	\$583	\$269	\$135

Income Eligibility Guidelines (For Partial Scholarship)				
July 1, 2024 – June 30, 2025				
Household Size:	Yearly	Monthly	Bi-Weekly	Weekly
1	\$27,861	\$2,322	\$1,072	\$536
2	\$37,814	\$3,152	\$1,455	\$728
3	\$47,767	\$3,981	\$1,838	\$919
4	\$57,720	\$4,810	\$2,220	\$1,110
5	\$67,673	\$5,640	\$2,603	\$1,302
6	\$77,626	\$6,469	\$2,986	\$1,493
7	\$87,579	\$8,128	\$3,752	\$1,876
8	\$97,532	\$8,128	\$3,752	\$1,876
For each additional family member add...	\$9,953	\$830	\$383	\$192

