



PO Box 1017
Saratoga Springs, NY 12866

2022 COLLEGE INCENTIVE GRANT APPLICATION

Awards will typically range from \$1,000 - \$3,000

Applicant's
Name _____
Last First Middle

Address _____

City _____ State _____
Zip _____

Email _____
Phone _____

Cell# _____ Date of
Birth _____

Current High School _____ Graduation
date _____

Eligible for federal reduced lunch program Yes _____ No _____

College planning to
attend _____

Course of
study/major _____

Other private scholarships that have been awarded:

Name _____ Amount\$ _____

Name _____ Amount\$ _____

Other family members attending school in household:

Name _____ Age _____ Grade
level _____

Name _____ Age _____ Grade
level _____

Name _____ Age _____ Grade
level _____

Name _____ Age _____ Grade
level _____

Name _____ Age _____ Grade
level _____

SELECTION PROCESS

- Grants are awarded to students with demonstrated financial need and meet eligibility for the Federal Free and Reduced Lunch program.
- Applicants may be required to be interviewed by the Scholarship Committee

APPLICATION REQUIREMENTS

- **Copy of 2022 Student Aid Report (SAR) from the Free Application for Federal Student Aid (FAFSA)**
- **Copy of Financial Aid Award Notification Letter(s)**
- **Letter of reference from a member of High School faculty and a personal reference commenting on your character and abilities**
- **A copy of most recent high school transcript**
- **Brief essay describing your career goals and how this award will help you with your education**
- **If there are any unusual family or personal circumstances that you feel should be taken into consideration, attach a separate statement describing the situation**

APPLICATION PROCEDURE

- This application with supporting documents **MUST** be returned no later than **May 6, 2022 to your High School Guidance Department.**

I/We certify that the information provided on and with this application is true to the best of my/our knowledge at the time of the application. I/We agree to provide additional information in support of this application if needed by the Hawley Foundation.

If I am awarded a grant from the Hawley Foundation, I will use it only for educational expenses for attendance at the institution in which I am enrolled. I grant permission to share information about this application and any grant awarded with the institution that I will be attending.

Signature of Applicant

Date

Signature of Parent/Stepparent/Legal Guardian

Date

www.hawleyfoundation.org