



P.O. Box 1017, Saratoga Springs, New York 12866  
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*Our mission is to promote the health, welfare, and education of children in Saratoga County.*

**2025 COLLEGE INCENTIVE GRANT APPLICATION**  
*Awards will typically range from \$1,000 - \$3,000*

Applicant's Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Birth date \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Date of Current High School Graduation \_\_\_\_\_

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 \$ \_\_\_\_\_

Name \_\_\_\_\_

Amount \$ \_\_\_\_\_

Other family members attending school in household

Name \_\_\_\_\_ Level \_\_\_\_\_

Name \_\_\_\_\_ Level \_\_\_\_\_

Name \_\_\_\_\_ Level \_\_\_\_\_

Name \_\_\_\_\_ Level \_\_\_\_\_

Age \_\_\_\_\_ Grade \_\_\_\_\_

Age \_\_\_\_\_ Grade \_\_\_\_\_

Age \_\_\_\_\_ Grade \_\_\_\_\_

Age \_\_\_\_\_ Grade \_\_\_\_\_

Age \_\_\_\_\_ Grade \_\_\_\_\_

**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 current year 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 1st 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