

**MAYOR HOPKINS SCHOLARSHIP PROGRAM  
FALL – 2022 RENEWAL APPLICATION**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

TELEPHONE # \_\_\_\_\_ CELL PHONE # \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

SCHOOL NAME: \_\_\_\_\_ ADDRESS \_\_\_\_\_

TELEPHONE # \_\_\_\_\_ FAX # \_\_\_\_\_

WHAT YEAR? SOPHOMORE \_\_\_\_\_ JUNIOR \_\_\_\_\_ SENIOR \_\_\_\_\_

ARE YOU A FULL TIME STUDENT? \_\_\_\_\_ YES \_\_\_\_\_ NO

DATE OF ANTICIPATED GRADUATION \_\_\_\_\_

PARENTS INCOME \_\_\_\_\_ STUDENTS INCOME \_\_\_\_\_

TOTAL HOUSEHOLD INCOME (**ATTACH 2021, signed and complete**) INCOME TAX RETURN) \_\_\_\_\_

TOTAL NUMBER OF FAMILY MEMBERS \_\_\_\_\_

PLEASE ANSWER THE FOLLOWING QUESTIONS:

1. ARE YOU A LEGAL RESIDENT OF CRANSTON? \_\_\_\_\_ YES \_\_\_\_\_ NO
2. ARE YOU ENROLLED AS A STUDENT IN GOOD STANDING AT THE COLLEGE OR UNIVERSITY NAMED ABOVE \_\_\_\_\_ YES \_\_\_\_\_ NO  
(IF NO, PLEASE ATTACH AN EXPLANATION)

I CERTIFY TO THE BEST OF MY KNOWLEDGE, THE INFORMATION ON THIS FORM IS ACCURATE AND CURRENT.

STUDENTS SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PARENT (S) SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

NOTE: 2022 SPRING GRADES MUST ACCOMPANY THIS FORM FOR ELIGIBILITY AS A FALL SEMESTER 2022 STUDENT. RENEWAL APPLICATIONS WILL NOT BE PROCESSED WITHOUT GRADES OR WITHOUT YOUR 2021 INCOME TAX RETURN. COMPLETE THIS FORM AND RETURN BY **MAY 27, 2022.** TO: **COMMUNITY DEVELOPMENT  
35 Sockanosset Crossroad, Unit #6  
Attn: Laura-Jean Ferranti  
CRANSTON, RI 02920  
401-780-6239**



The Department of Community Development  
35 Sockanosset Crossroad, Unit #6  
Cranston, RI 02920

Dear Scholarship Recipient:

Continued eligibility for aid from the Mayor's Scholarship Program depends on whether the 2022 Renewal Application Form, a transcript of your final grades for Spring 2022 and a copy of your 2021 Income Tax Return and your parents, are submitted to the Office of Community Development prior to May 27, 2022. **Also, as a new requirement of HUD, a copy of your birth certificate is also needed if not already on file.**

As you know, the funds used to support the scholarship program come from Cranston's Community Development Block Grant (CDBG), which is a program administered by the United States Department of Housing and Urban Development (H.U.D.). HUD regulations require that this office determine eligibility on an annual basis. It is therefore imperative that you return the enclosed renewal application form before May 27, 2022 along with all the income information requested on the enclosed renewal form. Failure to reply in a timely manner will result in you not receiving aid for the 2022/2023 school year.

Total household income, or the student's gross income, if he or she is not dependent on parents, may not exceed the following amounts.

FAMILY SIZE	1	2	3	4	5	6	7	8
INCOME	\$54,150	\$61,900	\$69,650	\$77,350	\$83,550	\$89,750	\$95,950	\$102,150

If you should have any questions, please feel free to contact me at 401-780-6240.

Sincerely,

Laura-Jean Ferranti

Encl.

## **SCHOLARSHIP PROGRAM RULES AND PROCEDURES**

The Mayor's Scholarship Program is funded through Cranston's Community Development Block Grant. These are federal funds appropriated by Congress and granted to the city through the U.S. Department of Housing and Urban Development. All monies spent under this program must primarily benefit low and moderate-income persons and families. Thus, the city must make awards based on family income limits set by H.U.D. Because the grant is made to Cranston to benefit residents of this city, scholarship recipients must be and remain legal residents of Cranston.

Since the inception of its scholarship aid program, Cranston has appropriated nearly a half million dollars to help in excess of 900 students through college. In 2021/2022, the number of students accepted into the program was 17.

- Students admitted into a four-year program are eligible to receive \$1,000 per year, for a total scholarship of \$4,000.00.

### **CHECKS ARE MADE PAYABLE TO BOTH THE RECIPIENT AND THE SCHOOL**

One check and only one check will be issued and sent to your school for each academic year. For the 2021-2022 school year, checks will be mailed to your school sometime the end of November for all sophomores, juniors and seniors. Checks will be sent to schools directly on behalf of student. Scholarship funds are to be credited only toward tuition. Checks for freshmen will be mailed to the school in February of the year following matriculation. Freshmen checks will not be mailed until the month of February after the Community Development office has received a first semester transcript.

To remain eligible, all returning students must submit semester grades and a renewal form to the Office of Community Development prior to the deadline of May 27, 2022. Renewal forms will be mailed out from the Community Development Office in April.

To be renewed, you must:

- Be a legal resident of Cranston. Standard identification with a Cranston address will suffice. In the case of students living out of town or out of state at school a Cranston voting registration will constitute residence.
- You must be in good standing at the school and have maintained a minimum 2.0 cumulative average. Semester grades must be submitted to the City of Cranston, Community Development, 35 Sockanosset Crossroad, Unit #6, Cranston, RI 02920, Attn: Laura-Jean Ferranti
- Your family income must remain within the limits set by the U.S. Department of Housing and Urban Development.

### **PLEASE NOTE: SCHOLARSHIP CHECKS WILL BE ISSUED WHEN GRADES AND VERIFICATION OF ENROLLMENT ARE RECEIVED.**

For good cause, a student will be granted up to two (2) semesters' leave of absence, in any one (1) full year. Such a request must be made to the Director of Community Development along with appropriate evidence that the college or university has granted the leave.

### **FAILURE TO OBSERVE ALL RULES CAN LEAD TO FORFEITURE OF AID.**

**Effective March 2022**



**CITY OF CRANSTON**  
**Department of Community Development**

**INCOME CERTIFICATION FORM**  
**Household assisted by a CDBG-Funded Activity**

**Income Limits required by the U.S. Dept. of Housing & Urban Development – Please circle only the one box that corresponds to your total household income. Do not circle an entire column.**

**Income Limits Effective June 15, 2022**

INCOME LEVEL	1 PERSON	2 PERSON	3 PERSON	4 PERSON	5 PERSON	6 PERSON	7 PERSON	8 PERSON
	0 - 20,300	0- 23,200	0 - 26,100	0- 29,000	0- 31,350	0- 33,650	0- 36,000	0- 38,300
	20,301- 33,850	23,201- 38,700	26,101- 43,550	29,101- 48,350	31,351- 52,250	33,651- 56,100	36,001- 60,000	38,301- 63,850
	33,851- 54,150	38,701- 61,900	43,551- 69,650	48,351- 77,350	52,251- 83,550	56,101- 89,750	60,001- 95,950	63,851- 102,150
	54,151 - or more	61,901- or more	69,651 - or more	77,351 - or more	83,551- or more	89,751- or more	95,951 - or more	102,151 - or more

**Ethnicity:** (select one only)     Hispanic or Latino     Not Hispanic or Latino

**Race:** (select one or more)

- |                                                                 |                                                                        |
|-----------------------------------------------------------------|------------------------------------------------------------------------|
| <input type="checkbox"/> White                                  | <input type="checkbox"/> Asian & White                                 |
| <input type="checkbox"/> Black /African American                | <input type="checkbox"/> Black/African American & White                |
| <input type="checkbox"/> Asian                                  | <input type="checkbox"/> Am. Indian/Alaskan Native & Black/African Am. |
| <input type="checkbox"/> American Indian/Alaskan Native         | <input type="checkbox"/> Other Multi-Racial                            |
| <input type="checkbox"/> Native Hawaiian/Other Pacific Islander | <input type="checkbox"/> Black/Hispanic                                |
| <input type="checkbox"/> American Indian/Alaskan Native & White | <input type="checkbox"/> White/Hispanic                                |

**Other:** (select all that apply)

- Handicapped or Disabled  
 Female Head of Household  
 Elderly (62 or over)  
 Minors (up to age 18)

\_\_\_\_\_  
 Applicants' Signature

\_\_\_\_\_  
 Printed Name

\_\_\_\_\_  
 Date

**If client is below 18 years of age, the parent or legal guardian must verify income and sign the form.**

I certify, under the penalties of law, this income information is correct, and I understand that the information I have provided on my household income is subject to verification by authorized representatives of the City of Cranston, Department of Community Development, and the U.S. Department of Housing and Urban Development. **This information will be kept confidential and used for HUD monitoring purposes only.**

**Signature of Parent/Legal Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name of Parent/Legal Guardian:** \_\_\_\_\_