



Mayor Hopkins Scholarship Program

Application
2025-2026

The Mayor Hopkins Scholarship Program is designed to aid students of low and moderate-income families to attend college, as well as vocational and technical schools. This local program is funded through Cranston’s Community Development Block Grant (CDBG).

Any Cranston resident planning to attend an accredited public or private, vocational school, two or four-year institution, is eligible for scholarship consideration provided the student’s family (or the student if he or she is self-supporting) meets the income criteria set forth below.

Applicant Name:		Male __ Female__ Other __	
Address:		City/State:	Zip:
Year(s) at address:			
Soc.Sec#:		Date of Birth:	
Tel#:		Email address:	
Parent/Guardian Name(s):			
Parent/Guardian Address:			
#Of People in Family:		Annual Household Income: \$	

**If applicant’s address is different from parent/guardian, proof of residency is required. (Lease agreement, notarized letter from landlord, etc.) **

ALL SCHOLARSHIP APPLICANTS ARE REQUIRED TO SUBMIT THE FOLLOWING:

- Copy of parents’ and/or applicants 2024 Federal and State Income Tax Return, complete and signed.
- Copy of Birth Certificate
- Transcript from attending High School

Eligibility

The student’s gross household income must not exceed the following:

Family Size	1	2	3	4	5	6	7	8
Income	\$62,950	\$71,950	\$80,950	\$89,900	\$97,100	\$104,300	\$111,500	\$118,700



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Current School Attended:		
Address:	City/State:	Zip:
Guidance Counselor:		
Applicants Class Rank:	# of Students in Graduating Class:	

Please list any clubs, organizations, extracurricular activities, or part time employment in which you have participated:

Name of post-secondary school you will be attending September 2025:	
Address of School:	
Tel#:	Fax#:
Explain any particular family circumstances you feel the scholarship committee should be aware of:	

I, _____, hereby affirm that the information contained herein is true and accurate.

Parent/Guardian Signature: _____ Date: _____

Student Signature: _____ Date: _____

Application Deadline: May 30, 2025

Please return completed applications to:
Cranston Community Development
35 Sockanosset Cross Road
Cranston, RI 02920



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RELEASE AUTHORIZATION FOR FINANCIAL INFORMATION

I (we) the undersigned understand in applying for this scholarship it is necessary the appropriate financial information be obtained. I (we) hereby authorize the Rhode Island High Education Assistance Authority for release FREE APPLICATION FOR FEDERAL STUDENT AID (FAFSA) information to the Cranston Department of Community Development.

Applicant Signature: _____

Parent/Guardian
Signature: _____



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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 more than 900 students through college. In 2024/2025, the number of students accepted into the program was 6. 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 THE SCHOOL

One check and only one check will be issued and sent to your school for each academic year. For the 2025-2026 school year, checks will be mailed to your school sometime the end of January 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 30, 2025. Renewal forms will be mailed out from the Community Development Office in January.

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.
- 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
- remain within the income 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 November 2024



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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 May 1, 2024
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INCOME LEVEL	1 PERSON	2 PERSON	3 PERSON	4 PERSON	5 PERSON	6 PERSON	7 PERSON	8 PERSON
	0 - 23,600	0- 27,000	0 - 30,350	0- 33,700	0- 36,400	0- 39,100	0- 41,800	0- 44,500
	23,601- 39,350	27,001- 45,000	30,351- 50,600	33,701- 56,200	36,401- 60,700	39,901- 65,200	41,801- 69,700	44,501- 74,200
	39,351- 62,950	45,001- 71,950	50,601- 80,950	56,201- 89,900	60,701- 97,100	65,201- 104,300	69,701- 111,500	74,201- 118,700
	62,951 - or more	71,951 - or more	80,951 - or more	89,901 - or more	97,101- or more	104,301- or more	111,501 - or more	118,701 - 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: _____