



NoVo Scholarship Application

First and Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Alternate Phone: _____

Email: _____

Best way to correspond with you (landline? cell? email?) _____

Name of child(ren) attending MLWS and corresponding grade

Number of persons in the household: _____

of adults _____ # of children _____

Are you the primary caregiver? _____

What was your Total Household Income for 2021? _____

What amount of NoVo Scholarship funds are you seeking (please be specific)? _____

Is there any additional information you'd like us to know? _____

Please note: NoVo Scholarship recipients must have low-income status. For purposes of this award, low income status is twice the poverty level using the 2023 federal poverty guidelines set forth by the US Department of Health and Human Services.

Annual income is not the sole determinative factor. MLWS will consider additional factors such as other income sources, total net worth and whether an applicant is working to full capacity. The interview will play an integral part in the process.

All eligible candidates will be considered. However, funding is limited.