



Kids on Campus Financial Aid Application (STEM)

June 2025 - May 2026

Please read and complete the application form in its entirety and return it to the Workforce, Career, and Community Education office. Funds will be distributed based on eligibility on a first come first serve basis. We will contact you regarding your eligibility for financial assistance. All decisions are contingent upon the availability of funds.

Limit to one award per student, which consists of two, one-week classes or one, two-week class. A student must be in good standing with the HCC finance office in order to receive noncredit financial aid. Noncredit financial aid can only be used for the specific class(es) approved and is not transferable.

CRITERIA FOR ELIGIBILITY

- Resident of Maryland for at least 3 months (proof of residency required)
- For students ages 6-17
- Class(es) must be science, technology, engineering, or math related.
- Not receiving tuition assistance from any other source (HCC, employer, social security, etc.)
- Low-to-moderate income (proof of all types of income is required)
- Your TOTAL FAMILY INCOME must not exceed:

| Family Type | Maximum Income Allowed |
|-------------|------------------------|
| 1 person | \$42,800 |
| 2 people | \$48,900 |
| 3 people | \$55,000 |
| 4 people | \$61,100 |

| Family Type | Maximum Income Allowed |
|-------------|------------------------|
| 5 people | \$66,000 |
| 6 people | \$70,900 |
| 7 people | \$75,800 |
| 8 people | \$80,700 |

WHAT COUNTS AS INCOME?

- Wages
- Unemployment benefits
- Child support/Alimony
- Food stamps
- Aid to Families with Dependent Children (AFDC)
- Temporary Cash Assistance
- Any payment received for housing foster children
- Any income from a parent, relative, or person if you are claimed as a dependent on their income tax form, if you file a joint income tax form, or if they provide you with housing, food, and living expenses. You must include that income as part of your total income.

EXPECTATIONS OF PARENT/GUARDIAN AND STUDENT RECEIVING FINANCIAL ASSISTANCE

- Parent or Guardian of the registered student is required to pay any portion of the tuition/fees not covered by financial aid.
- Complete all required registration paperwork including consent form.
- Arrive on time and attend at least 60% of scheduled classes.
- Exhibit exemplary behavior and participate in class.
- Follow all Howard Community College and Kids on Campus policies and procedures.
- You may be asked to attend a donor event or write a letter of appreciation to the donor who funded your scholarship.

Students who do not meet expectations are not eligible for future noncredit financial aid.

REQUIRED DOCUMENTS

You are required to provide **proof of income and residency**. Submit copies of the following documents with your application:

- 2 most recent pay stubs*
- 2024 Federal Income Tax Return (W2)*
- All documented forms of income (i.e. food stamps, alimony, etc.)
- Proof of residency (an envelope mailed to your Howard County address) bill/rent etc.

*If you did not file taxes for 2024 and/or are unemployed, please complete the following letter of support:

LETTER OF FINANCIAL SUPPORT

| | |
|--|--|
| Parent/Guardian Name: | |
| Financial Supporter Name: | |
| Relationship of Financial Supporter to Parent/Guardian: | |
| Yearly Income of Financial Supporter: | |
| Number of persons the Financial Supporter supports including the financial aid applicant: | |

I certify that I, the financial aid applicant, am not currently working or receiving government assistance, and I receive financial support in the way of housing, food, and living expenses from my financial supporter listed above.

Parent/Guardian Signature

Date

Signature of Financial Supporter

Date

SUBMISSION FORM

| STUDENT INFORMATION | | |
|---------------------|---------|--------|
| Name | (First) | (Last) |
| HCC ID | | |
| Birth Date | | |
| Address | | |
| County | | |

| PARENT/GUARDIAN INFORMATION | | |
|-----------------------------|---------|--------|
| Name | (First) | (Last) |
| Phone Number | | |
| Email Address | | |

| INCOME INFORMATION | | |
|----------------------------|------|-----------------|
| Income Source | 2024 | 2025 (Estimate) |
| Wages | \$ | \$ |
| Unemployment Income | \$ | \$ |
| Child Support/Alimony | \$ | \$ |
| Rental Assistance | \$ | \$ |
| Food Stamps | \$ | \$ |
| Temporary Cash Assistance | \$ | \$ |
| Other Income | \$ | \$ |
| Total Family Income | \$ | \$ |

| Course Number | Course Title | Start Date | Course Cost |
|---------------|--------------|------------|-------------|
| | | | |
| | | | |

I certify that the information I provided in this application is accurate and true. I grant the division of Workforce, Career, and Community Education permission to release my name, address and telephone number to the HCC Education Foundation. I understand that the student needs to comply with the financial aid expectations and regulations listed in this application.

Parent/Guardian Signature

Date