

**THE FOUNDATION FOR THE ADVANCEMENT OF CATHOLIC SCHOOLS**

*Education, Character, Faith, Success for Your Child*

Dear Parent(s) and Guardian(s),

Thank you for your interest in applying for a Foundation for the Advancement of Catholic Schools (FACS) scholarship. By way of background, FACS was founded in 1983 and its mission is to support and assist the parish schools and the Archdiocesan High Schools by providing funding for scholarships and special projects. The Foundation believes that Catholic schools provide an “education for a lifetime”, especially for the poor and underserved children and youth of the Archdiocese of Hartford. FACS’s scholarships are made possible by many generous donors who, like us, believe that our schools provide students with an outstanding, values-based education.

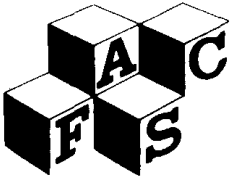
The Foundation prides itself in choosing deserving students to receive FACS scholarships. We are looking for qualified students who show academic promise and are dedicated and committed to receiving a Catholic education. We are hopeful that your student will have the opportunity to benefit from one of the many scholarships the Foundation provides.

Enclosed please find a FACS scholarship application for your review and consideration. We would appreciate it if you will read all the questions carefully and provide responses in the spaces provided. The FACS Distribution Committee receives many applications, so please insure that you have provided all the requested information. **The Committee will not consider any applications that are incomplete.**

Thank you for your interest in FACS. If you have any questions concerning the enclosed, please do not hesitate to call our office at (860) 761-7499 or email us at [mdussault@facshartford.org](mailto:mdussault@facshartford.org)

Sincerely,

The FACS Distribution Committee



THE FOUNDATION FOR THE ADVANCEMENT OF CATHOLIC SCHOOLS

Scholarship Application

(All information on this application is and shall remain confidential)

Name of Scholarship applying for: Archbishop's Scholarship

Applicant Information:

Name of Archdiocesan High School Student to Attend: \_\_\_\_\_

Student's First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Parent(s)/Guardian(s): \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex:  Male  Female

Current Grade: \_\_\_\_\_

Ethnic background (Optional): ( ) Native American ( ) Asian ( ) African American ( ) Hispanic/Latino

( ) Pacific Islander ( ) Caucasian-White/Other ( ) Filipino ( ) Multi-Racial ( ) Decline to state

Religion: ( ) Catholic ( ) Other Christian ( ) Other: \_\_\_\_\_

Family Information:

Applicant lives with (Check all that apply): ( ) Mother ( ) Father ( ) Grandparent(s)

( ) Step-Parent ( ) Guardian ( ) Foster Parent

Total number of people in family: \_\_\_\_\_ Total number of dependents under 18 years old: \_\_\_\_\_

Total number of Adults (18+) in the family who are dependants: \_\_\_\_\_

Total number of Adults (18+) in the family who contribute financially to the household: \_\_\_\_\_

How many children from this family are not of school age (Infants/Toddlers)? \_\_\_\_\_

How many children from this family are presently enrolled in Catholic elementary school? \_\_\_\_\_

Catholic high school? \_\_\_\_\_

Public elementary? \_\_\_\_\_ Public high school? \_\_\_\_\_ Charter/Magnet elementary? \_\_\_\_\_

Charter/Magnet high school? \_\_\_\_\_

College/University? \_\_\_\_\_ Work full time? \_\_\_\_\_ Unemployed/Dependent not in school? \_\_\_\_\_

This section is for documentation purposes only and is required to identify family financial need. We respectfully ask you to supply this confidential information:

Financial Information: (Income)

Parent/guardian 1: ( ) Mother ( ) Father ( ) Grandparent(s) ( ) Step-Parent ( ) Guardian ( ) Foster Parent

Employment Status: ( ) Employed ( ) Homemaker ( ) Unemployed ( ) Retired ( ) Permanently Disabled

( ) Temporarily Disabled ( ) Student

If employed, Occupation: \_\_\_\_\_ Monthly Income: \$ \_\_\_\_\_

Annual Salary: \$ \_\_\_\_\_

Parent/guardian 2: ( ) Mother ( ) Father ( ) Grandparent(s) ( ) Step-Parent ( ) Guardian ( ) Foster Parent

( ) Mother ( ) Father ( ) Grandparent(s) ( ) Step-Parent ( ) Guardian ( ) Foster Parent

Employment Status: ( ) Employed ( ) Homemaker ( ) Unemployed ( ) Retired ( ) Permanently Disabled

( ) Temporarily Disabled ( ) Student

If employed, Occupation: \_\_\_\_\_ Monthly Income: \$ \_\_\_\_\_

Annual Salary: \$ \_\_\_\_\_

Does the parent/guardian of the applicant receive alimony? ( ) YES ( ) NO If yes, how much annually?

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

Does the parent/guardian of the applicant receive child support? ( ) YES ( ) NO If yes, how much annually?

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

Does anyone in your family, other than parent/guardian, receive AFDC, Social Security, Unemployment and/or Disability? ( ) YES ( ) NO

If yes, who: \_\_\_\_\_ (Check one): ( ) AFDC/Welfare ( ) Social Security ( ) Unemployment ( ) Disability

How much annually? \$ \_\_\_\_\_

Do you own income property? ( ) YES ( ) NO If yes, please define: \_\_\_\_\_

Annual property income: \$ \_\_\_\_\_

Has the student received a FACS scholarship before? ( ) YES ( ) NO If yes, how much? \_\_\_\_\_

**Financial Information: (Expenses)**

Does the parent/guardian of the applicant pay alimony? ( ) YES ( ) NO If yes, how much annually?

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

Does the parent/guardian of the applicant pay child support? ( ) YES ( ) NO If yes, how much annually?

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

Do you have health insurance? ( ) YES ( ) NO

Do you own your own home/condo? ( ) YES ( ) NO If yes, total monthly mortgage (including association fees/insurance/taxes): \$ \_\_\_\_\_.

Do you rent your home/apartment? ( ) YES ( ) NO If yes, monthly rent payment (including all utilities):

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

Do you rent a room from parent(s) or extended family member(s)? ( ) YES ( ) NO If yes, monthly household contribution or rent payment): \$ \_\_\_\_\_

Car 1: Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Monthly payment: \$ \_\_\_\_\_

Monthly insurance: \$ \_\_\_\_\_

Car 2: Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Monthly payment: \$ \_\_\_\_\_

Monthly insurance: \$ \_\_\_\_\_

***This section is important. We must know why you are applying for this scholarship***

**Parental Statement** (Please state reasons for financial need):

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Your signature below indicates that you have read and you understand the FACS Program Policies, Guidelines & Restrictions on this application, that the information provided on this application is accurate and complete, that you have provided legal proof of income, that you are aware that all information will be verified and any false or misleading information on this application, missing signatures or refusal to provide any proof of income or any pertinent information will be cause for automatic denial of any scholarship money distributed from this Foundation.

Parent/Guardian Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

**The Foundation for the Advancement of Catholic Schools Program Policies, Guidelines & Restrictions**

FACS Policy:

FACS is designed to assist students in the Archdiocese of Hartford with tuition for enrollment in Catholic schools. The award partially offsets the cost of enrollment in a Catholic school with grants paid directly to the Catholic schools.

The following policy applies to all applicants without exception:

- 1) Applicant may not receive more than one tuition award from this Foundation per academic year.
- 2) All applications must be submitted to a participating Catholic school. FACS does not accept applications directly from families.
- 3) Awards are not transferable to any private or non-participating Hartford Archdiocesan Catholic school or to another diocese. Awards are paid directly to the participating schools and a credit is applied to the applicant's tuition.
- 4) This application must be returned completed with proof of income to the elementary or high school to which the applicant is applying or registered to attend in the fall.
- 5) All applications must be submitted by schools on or before the program deadlines.
- 6) FACS is under no obligation to review or accept any application that is incomplete, illegible, unsigned, lacks pastor's or principal's signature and/or has not provided adequate proof of income.
- 7) FACS's budget limits the number of tuition awards granted annually and may deny your application due to budget restraints.

Participating Catholic Schools are under no obligation to submit this application if the following Criteria have not been met:

- 1) Family has refused or not provided adequate and/or legal proof of income (Based on FACS Policy for Proof of Income).
- 2) Student does not meet academic requirements to remain enrolled in school.
- 3) Lack of student and/or family involvement/volunteer service in school or parish.
- 4) Student is a recipient of another tuition award from FACS within the same academic year.
- 5) Application submitted past any FACS or school internal deadlines.

FACS Policy for Proof of Income:

- 1) This year's current and completed income tax returns (1040s), or
- 2) Last year's completed income tax returns plus this year's W-2s.
- 3) If a family member has not worked anytime during the last 12 months, they must provide the school with a formal and legal notice/action or layoff status, disability benefits, unemployment benefits, and/or welfare benefits, and court order of legal separation/divorce for spousal or child support.
- 4) If another form of proof of income is used, please explain in detail (Example: check stub, letter from employer, etc.)

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Verification of Financial and Academic Information:

Please check all the financial documents used to verify your family income:

- |  |   |
|--|---|
| <input type="checkbox"/> Completed Income Tax Returns (most recent)  | <input type="checkbox"/> Social Security                  |
| <input type="checkbox"/> AFDC/"Welfare"/Public Assistance Disability | <input type="checkbox"/> Unemployment Benefits            |
| <input type="checkbox"/> SSI Death Benefits of Spouse or Parent(s)   | <input type="checkbox"/> Other(s) - list & explain: _____ |
| <input type="checkbox"/> W-2 Form (most recent)                      | <input type="checkbox"/> Most Recent Report Card          |

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Student Statement:** (In your own words, why do you want to attend your school?)

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**Principal Certification:**

Principal certifies that this application is complete: ( ) Yes

Does this family assist the school? ( ) YES ( ) NO If yes, how?

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Please explain any unusual/special/emergency circumstances which might assist FACS in evaluating this application. What distinguishes the student in work ethic, determination, and other qualities that will help us better know the student?

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Principal's signature: \_\_\_\_\_

**Pastor certification (if applicable/if student is enrolled at a Catholic elementary school):**

Does this family assist the parish/church/community? ( ) YES ( ) NO If yes, how?

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Is there any other information that you feel is important for our Distribution Committee to know?

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Pastor's signature: \_\_\_\_\_