

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.

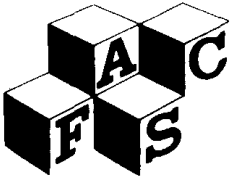
The Foundation prides itself in choosing deserving students to receive FACS scholarships. We are looking for qualified students who show academic promise and are dedicated and committed to receiving a Catholic education. We are hopeful that your student will have the opportunity to benefit from one of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

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: Maximilian E. and Marion O. Hoffman Foundation, Inc. Scholarship

Applicant Information:

Name of Archdiocesan High School: _____

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):

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.)

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 Forms 1040, 1040A or 1010EZ ONLY) | <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 Current Report Card Attached |

White or Black out **all but last 4 digits of Social Security Numbers

Applicant Signature: _____ Date: _____

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

Principal Certification:

Principal certifies that this application is complete: () Yes

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

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?

Principal's signature: _____

Pastor certification (Applicable if family is enrolled at a Catholic Parish):

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

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

Pastor's signature: _____