



FOUNDATION FOR THE ADVANCEMENT OF CATHOLIC SCHOOLS

92 Hopmeadow Street Weatogue, CT 06089 860.325.5096

Dear Parent(s) and Guardian(s),

Thank you for your interest in applying for a Foundation for the Advancement of Catholic Schools (FACS) scholarship for your student.

FACS was established in 1983 to support Catholic parish schools and Archdiocesan high schools in the Archdiocese of Hartford by providing scholarships and funding for special projects. Thanks to the generosity of our donors, we are able to help students receive a strong faith-based education - truly an "education for a lifetime."

FACS scholarships consider both academic promise and financial need. We are committed to helping families who value a Catholic education but need financial assistance to make it possible.

Important Information and Required Documents:

- The attached application applies to all FACS scholarships available at your school for the 2026-2027 school year.
- Complete all sections of the application. Incomplete applications will not be considered. The fillable PDF may be completed online but must be printed and submitted to the school.
- **Attach requested proof of income**
 - Completed **2025** income tax returns (Form 1040, 1040A or 1040EZ **only****),
OR
 - Completed **2024** income tax returns AND **2025** W-2 forms**.

*****DO NOT send entire tax return – Form 1040 is a 2-page document- AND remove or cross out all Social Security numbers. All information will be kept confidential.***

- **Attach most recent report card.**

How to Submit:

1. Turn in the completed application and all attachments to your school by the due date set by your school.
2. Your principal will review and sign the application to confirm it is complete.
3. The school will send the application and attachments to FACS by our final deadline.

If you have any questions, please feel free to contact our office via email at lschock@facshartford.org.

FACS Scholarship Program Policies and Restrictions

The following applies to all applicants without exception:

1. Awards are not transferable to private or non-Hartford Archdiocesan Catholic schools. If a student transfers mid-year, the award will be pro-rated based on time attended at the Archdiocesan school.
2. Awards are paid directly to the school on the student's behalf at the end of the school year.
3. The completed application, along with proof of income and report card, must be submitted to the school the student is registered to attend in the fall.
4. FACS will not review or accept any applications that are incomplete, illegible, missing signatures, or lacking required income documentation.

Schools are under no obligation to submit this application to FACS unless the following has been met:

1. Student is an accepted or enrolled student and meets the criteria of the scholarship.
2. Student has demonstrated financial need as determined by the school.
3. The school receives a completed application and required proof of income by their established deadline.

Foundation for the Advancement of Catholic Schools

2026-2027 Scholarship Application

Applicant Information

Student Name: _____
First _____ MI _____ Last _____

Parent/Guardian Name(s): _____

Home Address: _____

City: _____ **Zip:** _____ **Phone:** _____

Parent/Guardian Email: _____ for award notification

Birthdate: ____ / ____ / ____ **Gender:** Male Female **Current Grade (today):** _____

Religion: Catholic Other Christian _____ Other _____

Family Information

Student lives with (check all that apply):

Mother Father Grandparent(s) Stepparent Guardian Foster Parent

Total number of people in household: _____ Number of dependents under 18: _____

Number of children from this family currently enrolled in:

Catholic Elementary: _____ Catholic High School: _____ College/University: _____

Financial Information

Parent/Guardian 1

Mother Father Grandparent Stepparent Guardian Other _____

Employment Status: Employed Stay-at-Home Unemployed Retired
 Disabled (Perm/Temp) Student

Employer & Occupation: _____

Annual Salary: \$ _____

Parent/Guardian 2

Mother Father Grandparent Stepparent Guardian Other _____

Employment Status: Employed Stay-at-Home Unemployed Retired
➤ Disabled (Perm/Temp) Student

Employer & Occupation: _____

Annual Salary: \$ _____

Other Household Income

Alimony received annually: \$ _____ **Annual Child Support:** \$ _____

Has the student received a FACS scholarship before? Yes No

If yes, Amount: \$ _____ Name of Scholarship: _____

Parental Statement

(Explain your financial need and any information that would help FACS understand your situation.)

Please feel free to attach additional page, if needed.)

Parent/Guardian Acknowledgment

By signing below, I confirm that I have read and understand the FACS Scholarship Program Policies & Restrictions, and that all information provided is true and complete. I authorize the school to share financial information with FACS.

Parent/Guardian Signature: _____

Print Name: _____ **Date:** _____ / _____ / _____

Student Statement

(Tell us about yourself and why you want to attend your school.)

Student Signature: _____

Student Name: _____

Principal Certification Page (School Completion Required)

Parents: This section must be completed by the principal and then the application will be submitted to FACS by the school.

Principal certifies that this application is complete. Yes

Does the family assist the school? Yes No

If yes, describe: _____

Special/Unusual Circumstances

(Information that may assist FACS in evaluating this application.)

Scholarship(s) this application is for:

Principal's Signature: _____