



# 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\*\***),
    - Completed **2024** income tax returns **OR** 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](mailto: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.)*

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## 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.)*

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**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: \_\_\_\_\_

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### Special/Unusual Circumstances

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

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**Scholarship(s) this application is for:**

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**Principal's Signature:** \_\_\_\_\_