



## THE 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. FACS was founded in 1983 and its mission is to support and assist parish schools and the Archdiocesan High Schools by providing funding for scholarships and special projects. FACS believes that Catholic schools provide an “education for a lifetime”. Our scholarships are made possible by many generous donors who believe that our schools provide students with an outstanding, value-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. This application shall apply to all scholarships that are available to your school for the academic year **2024-2025**. **Please review each page of this form prior to completing the application.** Answer every section of the application thoroughly using the spaces provided. Attach a second sheet, if necessary. You must provide all the requested information and required back-up documentation. All the information you provide will be kept confidential. **The FACS Distribution Committee will not consider any applications that are incomplete.**

**Submit the completed application, including all required attachments, to your school by the due date established by your school. Your principal will add their statement and signature, signifying the application is complete. The SCHOOL will send your application to FACS by the deadline date established by FACS.**

Thank you for your interest in FACS. Please call our office or email us at [mdussault@facshartford.org](mailto:mdussault@facshartford.org) if you have any questions.

Sincerely,

The FACS Distribution Committee

## **The Foundation for the Advancement of Catholic Schools Scholarship Program Policies & Restrictions**

The following applies to all applicants without exception:

- 1) Applications **must** be submitted to the schools by **their established due date**. The school shall submit the application to FACS on the applicant's behalf on or before the FACS deadline. FACS **does not** accept applications directly from families.
- 2) Awards are **not** transferable to any private or non-Hartford Archdiocesan Catholic School. Should a transfer occur mid-year, the award will be pro-rated for the time the recipient student attended the Archdiocesan School.
- 3) Awards are paid directly to the schools on the recipient's behalf.
- 4) This application must be returned completed with proof of income to the school to which the applicant has been accepted and/or is registered to attend in the fall.
- 5) FACS is under no obligation to review or accept any application that is incomplete, illegible, lacks required signatures and/or has not provided adequate proof of income.

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.
- 2) Student has demonstrated financial need as supported by the determination of the school.
- 3) Student meets the criteria of the scholarship applied for as spelled out in the Criteria and Guidelines documentation for each scholarship.
- 4) The school receives a completed application by **their** established deadline for review and timely submission to FACS.

Acceptable Proof of Income documentation. Please check financial documents submitted:

- 1) **2023** completed income tax returns (Form 1040, 1040A or 1040EZ **only\*\***),  
**OR**
- 2) **2022** completed income tax returns AND **2023** W-2 forms\*\*.
- 3) If income has been affected by unemployment anytime during the last 12 months, proof of layoff or separation must be provided.
- 4) If another form of proof of income is used (Retirement benefits, disability, welfare benefits, court order for spousal and/or child support, letter from employer, etc.), please explain below:

***\*\*DO NOT send entire tax return – Form 1040 is a 2-page document.  
Delete all but last 4 digits of SSN on Form 1040***

**Applicants most Recent Report Card must be included with this application**

**Notification will ONLY be made to the awarded recipients and their respective schools.  
FACS does NOT send notification to the applicants who were NOT chosen as recipients.**

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Scholarship Application 2024-2025

Archdiocesan School: \_\_\_\_\_

Applicant Information:

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

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

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

Phone: \_\_\_\_\_ Birthdate: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Gender:  Male  Female

Religion:  Catholic  Other Christian: \_\_\_\_\_  Other: \_\_\_\_\_

Current Grade: \_\_\_\_\_ (As of the date of this application)

Family Information:

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

Stepparent  Guardian  Foster Parent

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

How many children from this family are presently enrolled in:

Catholic elementary school \_\_\_\_\_ Catholic high school \_\_\_\_\_ College/University \_\_\_\_\_

Financial Information: (Income)

1. Parent/guardian  Mother  Father  Grandparent(s)  Stepparent  Guardian  Other \_\_\_\_\_

Employment Status:  Employed  Stay at Home Parent  Unemployed  Retired

Permanently Disabled  Temporarily Disabled  Student

Employer Name and Occupation: \_\_\_\_\_

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

2. Parent/guardian  Mother  Father  Grandparent(s)  Stepparent  Guardian  Other \_\_\_\_\_

Employment Status:  Employed  Stay at Home Parent  Unemployed  Retired

Permanently Disabled  Temporarily Disabled  Student

Employer Name and Occupation: \_\_\_\_\_

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

Does the parent/guardian receive alimony?  YES  NO

If yes, how much annually? \$ \_\_\_\_\_

Does the parent/guardian receive child support?  YES  NO

If yes, how much annually? \$ \_\_\_\_\_

Do you own income property?  YES  NO Annual property income: \$ \_\_\_\_\_

Has the student received a FACS scholarship before?  YES  NO

If yes, how much? \$ \_\_\_\_\_

**Parental Statement** (Include reasons for financial need and other pertinent information FACS should consider)

Your signature below - *please type in signature field if submitting electronically* - indicates that you have read, and you understand the FACS Scholarship Program Policies & Restrictions regarding this application (page 2), that the information you have provided is accurate and complete, that you have provided legal proof of income, and that you are aware that all information will be verified. 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 rejection of the application. You also give permission to the school where your student has been accepted or enrolled to share financial information with the Foundation for the Advancement of Catholic Schools.

Parent/Guardian Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

My signature on this application also signifies that I give FACS my permission to use any photos of my child in any of FACS' communications whether in print materials or on the FACS website. No last names will be used.

Initial here or *type if submitting electronically*, only if you **decline** FACS' permission to use any photos of your child. \_\_\_\_\_

**Student Statement:** (Tell us about yourself and why you want to attend your school. Younger students who cannot write a response themselves should dictate to their parent who will complete this section for them)

Student Signature : \_\_\_\_\_

*Signatures can be typed if submitting electronically.*

**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. Share things that will help us to better know the student and family situation.

This application is being made for the \_\_\_\_\_ Scholarship(s)

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