



### **About the Bishop's Scholarship Fund**

A fund for tuition assistance, the Bishop's Scholarship Fund will award over \$2 million annually to students and families enrolling in a diocesan sponsored Catholic school. Awards are issued on a first-come, first-served basis, so it is to a family's advantage to apply early.

#### **Eligibility:**

Students currently enrolled as well as new students applying to a Catholic elementary school for September 2017 who have demonstrated financial need are eligible to apply for tuition assistance from the Bishop's Scholarship Fund.

Scholarships will be awarded to elementary school students in spring of 2017 for the following school year beginning September 2017.

#### **Application Checklist:**

1. Submit your completed Registration Form for Admission for the 2017-2018 school year to your local diocesan sponsored Catholic elementary school.
2. Complete a Bishop's Scholarship Fund Application available at your local school office. **Return your completed Bishop Scholarship Application to your school for proof of registration for the 2017.2018 school year.**

Mail your completed application to:

Foundations in Education  
Bishop Scholarship Fund  
238 Jewett Avenue  
Bridgeport, CT 06606

3. Complete a FACTS Grant & Aid Assessment available at [www.FACTSmgt.com](http://www.FACTSmgt.com). Note there is a \$30 non-refundable fee required to complete the FACTS assessment. You will need your completed 2016 Income Tax Return to fill the FACTS assessment.

The Bishop's Scholarship Fund Advisory Board will receive a confidential report from FACTS outlining your financial situation based on the information you submit in your application and supporting documents.

Applications for the Bishop's Scholarship Fund from *currently registered* student families must be received no later than April 1, 2017. Applications for the Bishop's Scholarship Fund from *new* students enrolling will be accepted through August of 2017, or until the Fund is depleted. Submitting an application does not guarantee a scholarship, and every effort will be made to accommodate student need.



# BISHOP'S SCHOLARSHIP FUND

## 2017-2018 Application Form

The application process begins 2/1/2017. **Deadline to submit an application is 4/1/2017.**  
Please submit as soon as possible. This application does not guarantee a scholarship.

### PARENT/GUARDIAN INFORMATION

#### Father/Guardian:

Name: \_\_\_\_\_  
(TITLE) (FIRST) (LAST)  
 Address: \_\_\_\_\_  
(STREET) (CITY) (ZIP)  
 Phone: \_\_\_\_\_  
(HOME) (MOBILE)  
 Email: \_\_\_\_\_  
 Relationship to Student: \_\_\_\_\_  
 Employer: \_\_\_\_\_  
 Occupation: \_\_\_\_\_  
 Employment Status:  Full Time  Part-Time  Not Employed  
 Marital Status: \_\_\_\_\_

#### Mother/Guardian:

Name: \_\_\_\_\_  
(TITLE) (FIRST) (LAST)  
 Address: \_\_\_\_\_  
(STREET) (CITY) (ZIP)  
 Phone: \_\_\_\_\_  
(HOME) (MOBILE)  
 Email: \_\_\_\_\_  
 Relationship to Student: \_\_\_\_\_  
 Employer: \_\_\_\_\_  
 Occupation: \_\_\_\_\_  
 Employment Status:  Full Time  Part-Time  Not Employed  
 Marital Status: \_\_\_\_\_

Student lives with: (select all that apply)  Mother  Father  Grandparent  Guardian  Other \_\_\_\_\_

Student's Religion:  Catholic  Non-Catholic Place of Worship: \_\_\_\_\_  
(NAME) (CITY)

### STUDENT INFORMATION

Please provide the following information ONLY for the children for whom you are applying:

(FIRST NAME)	(LAST NAME)	(GENDER M / F)	(GRADE ENTERING)	(DATE OF BIRTH)	(RETURNING STUDENT / NEW)
(FIRST NAME)	(LAST NAME)	(GENDER M / F)	(GRADE ENTERING)	(DATE OF BIRTH)	(RETURNING STUDENT / NEW)
(FIRST NAME)	(LAST NAME)	(GENDER M / F)	(GRADE ENTERING)	(DATE OF BIRTH)	(RETURNING STUDENT / NEW)
(FIRST NAME)	(LAST NAME)	(GENDER M / F)	(GRADE ENTERING)	(DATE OF BIRTH)	(RETURNING STUDENT / NEW)
(FIRST NAME)	(LAST NAME)	(GENDER M / F)	(GRADE ENTERING)	(DATE OF BIRTH)	(RETURNING STUDENT / NEW)

### SIGNATURES

I hereby certify that all of the above information is true and accurate and that I am the legal parent or guardian of the student(s). I understand that in order for me to complete the application process, I must submit a **FACTS Grant & Aid Assessment** available at [www.FACTSmgmt.com](http://www.FACTSmgmt.com). Finally, I agree to release the Bishop's Scholarship Fund from any and all liability in its efforts to provide this scholarship.

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_ Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Please mail completed application form, including school proof of registration below to:  
 Foundations in Education – Bishop Scholarship Fund  
 238 Jewett Avenue \* Bridgeport, CT 06606 \* (203) 416-1405

School Name \_\_\_\_\_

Proof of Registration \_\_\_\_\_  
(Principal Signature)

Registration Fee Paid \_\_\_\_\_  
(Amount and Date)