

## FAITH SCHOLARSHIPS FOR ACADEMIC EXCELLENCE 2023 APPLICATION

FAITH: An Endowment for Orthodoxy and Hellenism is pleased to sponsor a series of merit-based FAITH Scholarships for Academic Excellence for the nineteenth consecutive year for young people of Hellenic descent and/or Greek Orthodox faith. Please carefully read the criteria and requirement details. The enclosed application must be filled out by the applicant and submitted in its entirety. All required documentation must be included with your submission (see checklist on page 3).

## **CRITERIA FOR ELIGIBILITY**

- Candidate must be a U.S. citizen and permanently reside in the United States. If a permanent resident, proof is required.
- Candidate must be a high school senior graduating from a public, private or parochial high school in the United States of America, and embarking to study in an undergraduate degree program in the fall of 2023 at a 4-year accredited college or university in the United States.
- Candidate must be a member of a Greek Orthodox parish.
- All applications must be postmarked by <u>June 30th, 2023</u>. Applications postmarked after this date will be marked late. Applications may be submitted at any time prior to deadline. Note that we will send an email confirmation that your application has been received. If you do not receive an email confirmation from us by July 15th, 2023, please contact our office at (212) 803-9363 or <u>info@thefaithendowment.org</u>. It is the applicant's responsibility to contact our office if you do not receive confirmation.

## **REQUIREMENT DETAILS** *Please do not staple any items.*

- <u>Complete academic records</u>, including an official transcript and copies of all applicable SAT, ACT, SAT Subject Tests and/or AP exam testing records. The official transcript must include spring 2023 semester grades. If spring grades are not finalized by the time of submission, please send latest available transcript along with an unofficial report card/progress report of spring 2023 grades. If you are planning to submit 2023 AP scores, confirm in Section II (page 5) that you will email a copy of scores when available. Contact (212) 803-9363 or info@thefaithendowment.org for any questions.
- A copy or transcript of applicant's **Baptismal or Chrismation Certificate**.
- <u>A resume</u> listing your extracurricular activities, school activities, volunteer work, internship and work experiences, leadership roles and/or church activities, etc.
- <u>Responses to essay prompts.</u> Thoughtfully answer the prompts listed in Section III (page 5). Please include on a separate page. Recommended length: 100-150 words per prompt.
- <u>Two (2) letters of recommendation</u>. Please choose individuals that best represent the important aspects of your accomplishments and provide us with a true picture of your background. Recommenders must fill out the recommendation forms (see pages 8 and 9), enclose both the recommendation letter and filled out form in a signed or sealed envelope and mail directly to us. We recommend contacting recommenders early to ensure they have time to write a letter and mail to FAITH by the June 30th deadline. Recommendations must come from each category of individuals listed below:
  - Academic from a teacher, advisor, or program director at your high school
  - $\circ~$  Religious/Spiritual from a priest or youth director at your parish

- Candidate must enclose a copy of the <u>letter confirming acceptance</u> and planned matriculation at an undergraduate college or university.
- **(OPTIONAL)** FAITH Scholarships for Academic Excellence are awarded on a merit basis. Applicants have the option to include the financial documents detailed below if they would like to be considered for *additional* financial need-based funds. If you would like to be considered for these additional funds, please submit the following documents:
  - Filled out Section VII (page 7) of the application. In calculation of expenses, detail by type: tuition, books, fees, room, board, transport, etc., and outline sources of financial funding and support by listing all financial aid: loans, scholarships, grants, assistance from parents and/or others.
  - A copy of the financial aid package provided to the student by the university.
  - <u>A breakdown of annual gross income and expenses for 2022</u>. This schedule should show all sources of income received to meet your annual living expenses. Please contact our office at (212) 803-9363 or info@thefaithendowment.org if you need an example.
  - Copies of your 1040 tax forms for the last three years (full tax return for 2022 and first two pages from 2021 and 2020). In circumstances of any reported income or loss on the schedule of gross income and expenses or on Form 1040 from a corporation, limited liability company, partnership or trust, you must supply a copy of any such entity's income tax return (Form 1120, 1065 or 1041) along with such entity's financial statements prepared by its accountant. In circumstances of divorce, applicants must provide copies of both parents' tax returns. If necessary, please submit a statement explaining any extenuating circumstances. Please be sure to white out/black out all social security numbers.
  - If applicable, include a personal statement with an explanation of any special/extenuating circumstances.
- In the event that the candidate graduated high school in 2022 and participated in a gap year, the candidate must provide a statement that includes how and where they spent the gap year and provide reasons and objectives for taking the gap year. Candidate must include two additional references that confirm their statement.
- If necessary, the candidate should be available for a telephone interview at the Committee's discretion. Late submissions or incomplete packets will not be accepted nor considered by the Committee. All applications must be received by mail.

Please mail complete application to:

FAITH Endowment Attn: FSAE 499 Park Avenue, 23<sup>rd</sup> Floor New York, NY 10022 Telephone: 212-803-9363

Scholarship application packets must postmarked by June 30th, 2023

Applicants will be notified of Review Committee's decision September 2023



### **CHECKLIST: Please include completed checklist with application**

*Please do not staple any items.* Please review and fill out the following application checklist carefully and enclose it in your application packet. <u>All of the checklist items (excluding recommendation letters or transcript) must be included in</u> <u>your application packet</u> for proper processing of your application. When complete, please mail your application to: *FAITH Endowment, Attn: FSAE, 499 Park Avenue, 23rd Floor, New York, NY 10022.* Your application packet must be postmarked by <u>June 30th, 2023.</u> Applications postmarked after this date will be marked late. Incomplete applications will not be processed or considered. For any questions, please email info@thefaithendowment.org or call (212) 803-9363. Note that we will send an email confirmation that your application has been received. If you do not receive an email confirmation from us by July 15th, 2023, please contact our office.

- My application is completely filled out with a signed Authorization and Certification Form
- I have enclosed an official sealed academic transcripts that includes my spring 2023 grades or, if my final transcript is not available, I have enclosed my latest available transcript with an unofficial report card/progress report of my spring 2023 grades.
- I have enclosed copies of testing records for my AP, SAT and /or SAT Subject Tests and/or ACT tests
- I have enclosed my resume
- I have enclosed my application essay
- I have contacted my two recommenders and they will mail their letters to FAITH by June 30th, 2023
- I have enclosed a copy or transcript of my Baptismal or Chrismation Certificate
- I have enclosed a copy of the letter of acceptance from the undergraduate school I will be attending

#### (Optional) Leave blank if not applicable

I would like to be considered for additional financial need-based allocations and have submitted:

- □ Filled out Section VII (page 7) of the application
- A copy of the financial aid package provided by my university
- A copy of my household's **<u>full</u>** 2022 Federal tax return and W-2s
- □ The first 2 pages of my household's 2021 Federal income tax returns
- The first 2 pages of my household's 2020 Federal income tax returns
- □ A brief breakdown of annual gross income and expenses for 2022. This schedule should show all sources of income received to meet your annual living expenses. Please contact our office at info@thefaithendowment.org if you need an example.
- □ If there is any reported income or loss on the schedule of gross income and expenses on Form 1040 from a corporation, limited liability company, partnership or trust, I have enclosed complete copies of the entity's income tax return (1120, 1065 or 1041) along with such entity's financial statements prepared by its accountant. In circumstances of divorce, applicants must provide copies of both parents' tax returns.
- I have completed and enclosed this completed checklist



#### **APPLICANT'S INSTRUCTIONS**

Information below must be completed by applicant. Please complete <u>all</u> sections of this application; **print clearly**; sign and return it together with <u>all required documents</u>. <u>Application must be postmarked by June 30th, 2023</u>. Submissions postmarked later than June 30th will be marked late. Incomplete applications will <u>not</u> be considered for an award.

Today's date: \_\_\_\_\_

#### I. PERSONAL INFORMATION

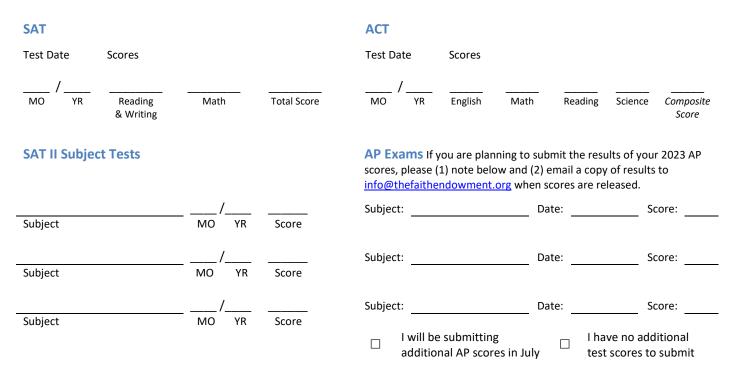
Name (First, Middle, Las	st):					
Mailing Address (Street,	/P.O. Box):					
City:		State:	Zip:	Yea	ars at Current A	ddress:
Phone Number:		Email Address:				
Date of Birth:						
IA. EDUCATION - HI	GH SCHOOL					
Name of High School:			Type of School:	🗆 Public	🗆 Private	Charter
School Address:						
City:			State:		Zip:	
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#### **IB. EDUCATION - UNIVERSITY**

Name of Undergraduate University (must be an accredited 4-year institution):							
City:	State:		Zip:				
University Start Date:	Enrollment Status:	□ Accepted for full-time study	/ 🗆 Waitlisted				
Proposed Major:	Degree Program:						

#### **II. TEST SCORES AND DATES**

Enter your ACT, SAT I and SAT II and AP Exam test dates and current highest scores earned if available. Leave any space blank that does not apply. Also list any planned test dates and indicate if you are planning to submit 2023 AP testing scores. If you have taken an exam more than once, record your highest score. For SAT I use your best total score; reading and mathematics scores must be from the same sitting. <u>You must enclose copies of records of each score</u>.



#### **III. APPLICATION ESSAY**

On a separate page, please answer the following questions. *Recommended length: 100-150 words per prompt.* 

- 1. FAITH Scholars display exceptional academic excellence and philanthropic-minded leadership. What is your proudest academic and/or personal achievement and why would you like to be part of the FAITH Scholar community?
- 2. How will your university studies allow you to employ your talents and goals, build a career and contribute to society?
- 3. Describe a person in the Hellenic community who has inspired you. How has this person influenced your life and/or service to your community?
- 4. How has your Greek background influenced your approach to leadership within your education and community?

I hereby confirm that I am the sole author of the enclosed answers.

Applicant Signature:

Date:

#### **IV. RECOMMENDATIONS**

Please indicate below the names and information of the individuals who will submit recommendations on your behalf: one from a Teacher or Academic Advisor and one from your Parish Priest/Youth Advisor.

Teacher or Academic Advisor Name:	Title	Contact:	
Parish Priest or Youth Advisor Name:	Title	Contact:	

### **V. ADDITIONAL PERSONAL INFORMATION**

Total Family Size <b>including yourself</b> (Number): Please list the names and ages of any dependents (22 years of age and younger) in your household:	Is your family or are you a member of a parish? Yes No Parish Name: Metropolis: Parish Address: Parish Priest: Telephone: If not included in resume, please list church organizations and years that you have been involved. Use extra paper if needed Have you ever received (or are you a candidate for) recognition of a submission to the St. John Chrysostom Oratorical Festival? Yes No If Yes, which level: Parish Metropolis National Date: Have you previously applied for a FAITH sponsored Scholarship/Grant? Yes No Name/Year(s) of Award: If Yes, are you a previous recipient of any FAITH awards? How did you hear about this scholarship? VI. FAMILY INFORMATION Father's Name (First, Last): Email Address: Phone: Number of Mother's Name (First, Last): Email Address: Phone: Number of Mother's Name (First, Last): Email Address: Phone: Number of Mother's Name (First, Last): Number of Mother's Name (First	er of Years:
Parish Name:	Parish Name:       Metropolis:         Parish Address:	er of Years:
Parish Address:	Parish Address:	er of Years:
Parish Priest:       Telephone:         If not included in resume, please list church organizations and years that you have been involved. Use extra paper if needed.         Have you ever received (or are you a candidate for) recognition of a submission to the St. John Chrysostom Oratorical Festival?       Yes       No         If Yes, which level:       Parish       Metropolis       National       Date:         Have you previously applied for a FAITH awards?       Metropolis       Name/Year(s) of Award:       Image: Comparison of any FAITH awards?         How did you hear about this scholarship?       Metropolis       No       Name/Year(s) of Award:       Image: Comparison of the St. John Chrysostom Oratorical Festival?         VI. FAMILY INFORMATION       Father's Name ( <i>First, Last</i> ):       Image: Comparison of the St. John Chrysostom?       Image: Comparison of the St. John Chrysostom?         Mother's Name ( <i>First, Last</i> ):       Image: Comparison of the St. John Chrysostom?       Image: Comparison of the St. John Chrysostom?         Mother's Name ( <i>First, Last</i> ):       Image: Comparison of the St. John Chrysostom?       Image: Comparison of the St. John Chrysostom?         Mother's Name ( <i>First, Last</i> ):       Image: Comparison of the St. John Chrysostom?       Image: Comparison of the St. John Chrysostom?         Mother's Name ( <i>First, Last</i> ):       Image: Comparison of the St. John Chrysostom?       Image: Comparison of the St. John Chrysostom?         Mother's Name ( <i>First,</i>	Parish Priest:       Telephone:         If not included in resume, please list church organizations and years that you have been involved. Use extra paper if needed.         Have you ever received (or are you a candidate for) recognition of a submission to the St. John Chrysostom Oratorical Festival?       Yes       No         If Yes, which level:       Parish       Metropolis       National       Date:         Have you previously applied for a FAITH sponsored Scholarship/Grant?       Yes       No       Name/Year(s) of Award:         If Yes, are you a previous recipient of any FAITH awards?	er of Years:
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of a submission to the St. John Chrysostom Oratorical Festival?   Yes   No If Yes, which level:   Parish   Metropolis   National Date:	of a submission to the St. John Chrysostom Oratorical Festival?  Yes No If Yes, which level: Parish Metropolis National Date: Have you previously applied for a FAITH sponsored Scholarship/Grant? Yes No Name/Year(s) of Award: If Yes, are you a previous recipient of any FAITH awards? How did you hear about this scholarship? VI. FAMILY INFORMATION Father's Name (First, Last): Mother's Name (First, Last): Occupation: Employer: Number of Mother's Name (First, Last): Email Address: Phone: Number of Mother's Name (First, Last): Phone: Number of Mother's Name (First, Last): Phone: Number of Mother's Name (First, Last): Employer: Number of Mother's Name (First, Last): Cocupation: Employer: Number of Mother's Name (First, Last): Descent Marital Status: Married/Remarried Single Divorced/Separated Total Family Size including yourself (Number): Please list the names and ages of any dependents (22 years of age and younger) in your household:	er of Years:
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FAITH sponsored Scholarship/Grant? Yes No Name/Year(s) of Award:   If Yes, are you a previous recipient of any FAITH awards?   How did you hear about this scholarship?   VI. FAMILY INFORMATION Father's Name (First, Last): Email Address: Phone: Address, City and State (If different): Occupation: Email Address: Phone: Number of Years: Mother's Name (First, Last): Email Address: Phone: Number of Years: Cocupation: Phone: Phone: Number of Years: Phone: Phone: Number of Years: Parent Marital Status: Married/Remarried Single Divorced/Separated Widoweed Total Family Size including yourself (Number): Please list the names and ages of any dependents (22 years of age and younger) in your household:	FAITH sponsored Scholarship/Grant? Yes No Name/Year(s) of Award:	er of Years:
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Email Address: Phone:   Address, City and State (If different):   Occupation:   Mother's Name (First, Last):   Email Address:   Phone:   Address, City and State (If different):   Occupation:   Phone:   Address, City and State (If different):   Occupation:   Parent Marital Status:   Married/Remarried   Single   Divorced/Separated   Widowed   Total Family Size including yourself (Number):   Please list the names and ages of any dependents (22 years of age and younger) in your household:	Email Address: Phone:   Address, City and State (If different):   Occupation:   Email Address:   Email Address:   Phone:   Email Address, City and State (If different):   Email Address, City and State (If different):   Occupation:   Phone:   Number of   Phone:   Phone:   Phone:   Phone:   Cocupation:   Phone:   Phone:   Phone:   Divorced/Separated   Total Family Size including yourself (Number): Please list the names and ages of any dependents (22 years of age and younger) in your household:	er of Years:
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Mother's Name (First, Last):         Email Address:       Phone:         Address, City and State (If different):       Phone:         Occupation:       Mumber of Years:         Parent Marital Status:       Married/Remarried       Single       Divorced/Separated       Widowed         Total Family Size including yourself (Number):          Please list the names and ages of any dependents (22 years of age and younger) in your household:	Mother's Name (First, Last):	
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Email Address:    Phone:      Address, City and State (If different):	Email Address:       Phone:         Address, City and State (If different):	
Address, City and State (If different):         Occupation:       Employer:       Number of Years:         Parent Marital Status:       Married/Remarried       Single       Divorced/Separated       Widowed         Total Family Size including yourself (Number):          Please list the names and ages of any dependents (22 years of age and younger) in your household:	Address, City and State (If different):         Occupation:       Employer:         Parent Marital Status:       Married/Remarried         Single       Divorced/Separated         Total Family Size including yourself (Number):         Please list the names and ages of any dependents (22 years of age and younger) in your household:	
Occupation:        Number of Years:          Parent Marital Status:       Image: Married/Remarried       Image: Single       Image: Divorced/Separated       Image: Widowed         Total Family Size including yourself (Number):	Occupation:       Employer:       Number of         Parent Marital Status:       Married/Remarried       Single       Divorced/Separated          Total Family Size including yourself (Number):            Please list the names and ages of any dependents (22 years of age and younger) in your household:	
Parent Marital Status: <ul> <li>Married/Remarried</li> <li>Single</li> <li>Divorced/Separated</li> <li>Widowed</li> </ul> Total Family Size including yourself (Number):	Parent Marital Status:  Married/Remarried  Single Divorced/Separated Total Family Size including yourself (Number): Please list the names and ages of any dependents (22 years of age and younger) in your household:	
Total Family Size <b>including yourself</b> (Number): Please list the names and ages of any dependents (22 years of age and younger) in your household:	Total Family Size <b>including yourself</b> (Number): Please list the names and ages of any dependents (22 years of age and younger) in your household:	er of Years:
		□ Widowed
	Nume Age School Attending	
Nume Age School Attending		

#### **VII. FINANCIAL INFORMATION**

**(Optional) All FAITH Scholars are selected on a <u>merit basis</u>, however applicants have the option to fill out the information below and submit financial documents to be considered for <u>additional need-based allocations</u>. If you would like to be considered for these additional funds, please fill out this section and submit the following documents: a copy of your financial aid package provided by your university, a brief breakdown of your household's gross income and expenses, and copies of your household's 1040 tax forms for the last three years (full tax return for 2022 and first two pages from 2 prior years)**. In circumstances of any reported income or loss on the schedule of gross income and expenses or on Form 1040 from a corporation, limited liability company, partnership or trust, you must supply a copy of any such entity's income tax return (Form 1120, 1065 or 1041) along with such entity's financial statements prepared by its accountant. In circumstances of divorce, applicants must provide copies of both parents' tax returns.

#### A. HOUSEHOLD GROSS ANNUAL INCOME

2022: \$	Estimated income for 2023: \$
2021: \$	
2020: \$	

List all supplemental funds (and sources) you and your family have saved to attend college/university:

#### **B. BUDGET FOR 2022-23**

SOURCE OF FINA	NCIAL SUPPORT			
	Student Loans	\$	.00	
	Institutional Scholarships Non-Institutional	\$	.00	
	Scholarships	\$	.00	Specify Source:
	Government Grants	\$	.00	
	Other Financial Aid	\$	.00	Specify Source:
	Supplemental Funds*	\$	.00	Specify Source:
	*All sources of financial assistanc	e including, but not l	limited to, d	all family assistance, student trusts or 529 plans.
	RESOURCE TOTAL	\$	.00	
CALCULATION O	F EXPENSES			
	Tuition	\$	.00	
	Room	\$	.00	
	Board	\$	.00	
	Books	\$	.00	
	Transportation	\$	.00	
	Laboratory Fees	\$	.00	Specify
	Other Expense	\$	.00	Expense(s):
	EXPENSE TOTAL	Ś	.00	

## FAITH SCHOLARSHIPS FOR ACADEMIC EXCELLENCE 2023 RECOMMENDATION FORM

Name of Applicant:			Date:
Recommender's Name:			Title:
Address:			
Telephone:	Email:		
How long have you known the applicant?		In what capacity?	

From your experience, how would you rate this applicant in terms of the following qualities:

	Excellent	Good	Average	Needs Improvement	No basis for evaluation/ Not applicable
Academic interest and motivation					
Intellectual ability					
Creative, original thought					
Sense of integrity and personal responsibility					
Displays maturity and respect towards others					
Works cooperatively in a group setting					
Attendance	□ >90%	□ 75-90%	□ 50-75%	□ <50%	

Please include a statement below, or include as an attachment, on why you believe the applicant should be considered for the FAITH Scholarship for Academic Excellence. Please use this opportunity to also further explain the ratings you gave concerning the applicant's academic interest and motivation, intellectual ability and creative, original thought.

Signature:

Date:

. .

Instructions for Recommender: Please mail recommendation form to FAITH Endowment in a sealed and signed envelope by June 30th, 2023. Mailing Address: FAITH Endowment, Attn: FSAE, 499 Park Avenue, 23rd Floor, New York, NY 10022.



FAITH SCHOLARSHIPS FOR ACADEMIC EXCELLENCE 2023 RECOMMENDATION FORM

Name of Applicant:		Date:		
Recommender's Name:			Title:	
Address:				
Telephone:	Email:			
How long have you known the applicant?		In what capacity?		

From your experience, how would you rate this applicant in terms of the following qualities:

	Excellent	Good	Average	Needs Improvement	No basis for evaluation/ Not applicable
Academic interest and motivation					
Intellectual ability					
Creative, original thought					
Sense of integrity and personal responsibility					
Displays maturity and respect towards others					
Works cooperatively in a group setting					
Attendance	□ >90%	□ 75-90%	□ 50-75%	□ <50%	

Please include a statement below, or include as an attachment, on why you believe the applicant should be considered for the FAITH Scholarship for Academic Excellence. Please use this opportunity to also further explain the ratings you gave concerning the applicant's academic interest and motivation, intellectual ability and creative, original thought.

Signature:

Date:

Instructions for Recommender: Please mail recommendation form to FAITH Endowment in a sealed and signed envelope by June 30th, 2023. Mailing Address: FAITH Endowment, Attn: FSAE, 499 Park Avenue, 23rd Floor, New York, NY 10022.



FAITH SCHOLARSHIPS FOR ACADEMIC EXCELLENCE 2023 APPLICATION

## **AUTHORIZATION AND CERTIFICATION**

I authorize the FAITH Endowment to release application information, including copies of my application to the FAITH Scholarship for Academic Excellence Committee (FSAEC) or agent thereof.

I agree to have FAITH and/or the FSAEC or agent thereof to verify any and all of the application information given, including pertinent personal and financial information. The FSAEC or agent thereof may contact my employer(s), references, as well as schools cited herein to substantiate this information.

If I am offered a scholarship, I understand I will need to provide my social security number in order to receive the scholarship.

I hereby certify that the information provided in this application is accurate and that I am the sole author of the application essay and all the attachments. I understand that if any information is found to be inaccurate or incomplete, the FSAEC will deny me an award.

If awarded the FAITH Scholarship for Academic Excellence, I authorize FAITH to publicize my being a recipient.

Signature of Applicant:	Date:
Signature of Parent / Guardian:	Date:

Send the completed application and all required documents to:

FAITH Endowment, Attn: FSAE 499 Park Avenue, 23rd Floor, New York, NY 10022

For additional inquiries, please call (212) 803-9363 or email info@thefaithendowment.org

# APPLICATION MUST BE POSTMARKED BY JUNE 30th, 2023