FAITH: An Endowment for Orthodoxy and Hellenism is pleased to sponsor a series of merit-based FAITH Scholarships for Academic Excellence for the twentieth 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 completed by the applicant and submitted in its entirety. All required documentation must be included with your submission (see checklist on page 3). Incomplete applications will not be considered.

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 accredited 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 2024 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 June 28th, 2024. Applications postmarked after this date will not be considered. 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, 2024, please contact our office at (212) 803-9363 or info@thefaithendowment.org. It is the applicant’s responsibility to contact our office if you do not receive confirmation.

REQUIREMENT DETAILS Please do not staple any items.

- **Complete academic records**, including an official transcript and copies of all applicable SAT, ACT, SAT Tests and/or AP exam testing records. The official transcript must include Spring 2024 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 2024 grades. If you are planning to submit 2024 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 Baptism or Chrismation Certificate. NO EXCEPTIONS.
- **A resume** listing your extracurricular activities, school activities, volunteer work, internship and work experiences, leadership roles and/or church activities, etc.
- **Responses to essay prompts**, Thoughtfully answer each prompt listed in Section III (page 5). Please include on a separate page. Recommended length: 100-150 words per prompt.
- **Two (2) letters of recommendation**, Please choose individuals that best represent the important aspects of your high school accomplishments and provide us with a true picture of your academic background. Recommenders must complete the recommendation forms (see pages 8 and 9), enclose both the recommendation letter and completed form in a signed or sealed envelope and send directly to us. We recommend contacting recommenders early to ensure they have time to write a letter and send to FAITH by the deadline. Recommendations must come from each category of individuals listed below:
  - Academic – from a teacher, advisor, or program director at your high school
  - Religious/Spiritual – from a priest or youth director at your parish
- Candidate must enclose a copy of the **letter confirming acceptance** 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:

  • **Completed 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.

  • **A breakdown of annual gross income and expenses for 2023.** 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 household’s full federal income tax return for the most recent filing and supporting W-2s and the first two pages from the two prior years** *(i.e. full 2023 tax return and 2023 W-2s and first 2 pages of 2022 and 2021 tax returns).*

  • 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 block 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 2023 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, 23rd Floor
  New York, NY 10022
  Telephone: 212-803-9363

**Scholarship application packets must postmarked by June 28th, 2024**

Applicants will be notified of Review Committee’s decision September 2024
CHECKLIST: Please include completed checklist with application

Please do not staple any items. Please review and complete the following application checklist carefully and enclose it in your application packet. All of the checklist items (excluding recommendation letters or academic transcripts which may be sent separately) must be included in your application packet 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 June 28th, 2024. Applications postmarked after June 28, 2024 will not be 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, 2024, please contact our office.

☐ My application is completed with a signed Authorization and Certification Form

☐ I have enclosed an official sealed academic transcript that includes my Spring 2024 grades. If my final transcript is not available, I have enclosed my latest available transcript with an unofficial report card/progress report of my Spring 2024 grades.

☐ I have enclosed copies of testing records for AP, SAT and/or ACT tests and have not omitted any scores.

☐ I have enclosed my resume

☐ I have enclosed my application essay

☐ I have contacted my two recommenders and they will send their letters by June 28th, 2024

☐ 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:

☐ Completed Section VII (page 7) of the application

☐ A copy of the financial aid package provided by my university

☐ A copy of my household’s full federal income tax return for the most recent filing and supporting W-2s and the first two pages from the two prior years (i.e. full 2023 tax return and 2023 W-2s and first 2 pages of 2022 and 2021 tax returns).

☐ A brief breakdown of annual gross income and expenses for 2023. 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 all sections of this application; print clearly; sign and return it together with all required documents. Application must be postmarked by June 28th, 2024. Incomplete applications or submissions postmarked later than June 28th will not be considered.

Today’s date: ______________________

I. PERSONAL INFORMATION

Name (First, Middle, Last): ________________________________________________

Mailing Address (Street/P.O. Box): __________________________________________

City: __________________________ State: ___________ Zip: ___________ Years at Current Address: ______

Phone Number: __________________ Email Address: ___________________________

Date of Birth: ________________ Place of Birth: ____________________ Age: ______

IA. EDUCATION - HIGH SCHOOL

Name of High School: ____________________________ Type of School: ☐ Public ☐ Private ☐ Charter

School Address: __________________________________________________________

City: __________________________ State: ___________ Zip: ___________

Leave any space blank that does not apply (i.e. your school doesn’t rank).

GPA: ______ points out of ______ points (i.e. 3.75 pts out of 4.0 pts) Weighted GPA: ______ points out of ______ points

Letter Grade Average: ___________ Rank in Class: ______ out of ______

TRANSCRIPT:

Please enclose a sealed official transcript that includes Spring 2024 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 2024 grades. For any questions, call (212) 803-9363 or email info@thefaithendowment.org

☐ My transcript (which includes Spring 2024 semester grades) is enclosed

☐ My spring grades are not finalized so I have enclosed my latest available transcript along with a report card/progress report of my Spring 2024 grades.

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 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 awaiting 2024 AP testing scores. If you have taken an exam more than once, record your highest score. For SAT use your best total score; reading and mathematics scores must be from the same sitting. **You must enclose copies of records of each score.**

<table>
<thead>
<tr>
<th>SAT</th>
<th>Act</th>
</tr>
</thead>
<tbody>
<tr>
<td>Test Date</td>
<td>Scores</td>
</tr>
<tr>
<td>Test Date</td>
<td>Scores</td>
</tr>
</tbody>
</table>

**AP Exams**

All AP Scores must be submitted. If you are still waiting results of your 2024 AP Scores, please (1) note and (2) email a copy of results to info@thefaithendowment.org when scores are released.

Subject: ____________ Date: _____ Score: __   Subject: ____________ Date: __________ Score: __

Subject: ____________ Date: _____ Score: __   Subject: ____________ Date: __________ Score: __

Subject: ____________ Date: _____ Score: __   Subject: ____________ Date: __________ Score: __

**III. APPLICATION ESSAY**

On a separate page, please answer all of 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 High School 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: ______________________________

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V. ADDITIONAL PERSONAL INFORMATION

Are you a Greek Orthodox Christian? □ Yes □ No If No, specify: __________________________

Please indicate your citizenship status: □ US Citizen □ Permanent Resident

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 parish 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? __________________________________________________________

Father’s Name (First, Last): ____________________________

Email Address: ____________________________ Phone: ____________________________

Address, City and State (if different): ____________________________

Occupation: ____________________________ Employer: ____________________________ Number of Years: __________

Mother’s Name (First, Last): ____________________________

Email Address: ____________________________ Phone: ____________________________

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:

Name __________ Age __________ School Attending __________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________
VII. OPTIONAL: FINANCIAL INFORMATION FOR ADDITIONAL NEED-BASED SCHOLARSHIP FUNDS

All FAITH Scholars are selected on a merit basis, however applicants who qualify can complete the information below and submit financial documents to be considered for additional need-based allocations. If you would like to be considered for these additional funds, please complete Section VII A and B and submit the following required documents:

- A copy of your financial aid package provided by your university
- A brief breakdown of your household’s gross income and expenses. Please contact our office at info@thefaithendowment.org or (212) 803-9363 if you need an example.
- Copies of your household’s full federal income tax return for the most recent filing and supporting W-2s and the first two pages from the two prior years (i.e. full 2023 tax return and 2023 W-2s and first 2 pages of 2022 and 2021 tax returns).
- Please note that 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

2021: $ __________ 2022: $ __________ 2023: $ __________ Estimated income for 2024: $ __________

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


B. BUDGET FOR 2024-25

SOURCE OF FINANCIAL SUPPORT

<table>
<thead>
<tr>
<th>Source of Financial Support</th>
<th>$ __________ .00</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student Loans</td>
<td></td>
</tr>
<tr>
<td>Institutional Scholarships</td>
<td>$ __________ .00</td>
</tr>
<tr>
<td>Non-Institutional Scholarships</td>
<td>$ __________ .00</td>
</tr>
<tr>
<td>Specify Source:</td>
<td></td>
</tr>
<tr>
<td>Government Grants</td>
<td>$ __________ .00</td>
</tr>
<tr>
<td>Other Financial Aid</td>
<td>$ __________ .00</td>
</tr>
<tr>
<td>Specify Source:</td>
<td></td>
</tr>
<tr>
<td>Supplemental Funds*</td>
<td>$ __________ .00</td>
</tr>
<tr>
<td>Specify Source:</td>
<td></td>
</tr>
</tbody>
</table>

*All sources of financial assistance including, but not limited to, all family assistance, student trusts or 529 plans.

RESOURCE TOTAL $ __________ .00

CALCULATION OF EXPENSES

<table>
<thead>
<tr>
<th>Expense</th>
<th>$ __________ .00</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuition</td>
<td></td>
</tr>
<tr>
<td>Room</td>
<td></td>
</tr>
<tr>
<td>Board</td>
<td>$ __________ .00</td>
</tr>
<tr>
<td>Books</td>
<td>$ __________ .00</td>
</tr>
<tr>
<td>Transportation</td>
<td>$ __________ .00</td>
</tr>
<tr>
<td>Laboratory Fees</td>
<td>$ __________ .00</td>
</tr>
<tr>
<td>Other Expense</td>
<td>$ __________ .00</td>
</tr>
</tbody>
</table>

Specify Expense(s):  

EXPENSE TOTAL $ __________ .00
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:

<table>
<thead>
<tr>
<th></th>
<th>Excellent</th>
<th>Good</th>
<th>Average</th>
<th>Needs Improvement</th>
<th>No basis for evaluation/Not applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Academic interest and motivation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intellectual ability</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Creative, original thought</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sense of integrity and personal responsibility</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Displays maturity and respect towards others</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Works cooperatively in a group setting</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Attendance</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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 email copy of completed recommendation form and letter to info@thefaithendowment.org or mail in a sealed and signed envelope by June 28th, 2024. Mailing Address: FAITH Endowment, Attn: FSAE, 499 Park Avenue, 23rd Floor, New York, NY 10022. For questions, tele: (212) 803-9363.
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:

<table>
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<tr>
<th>Academic interest and motivation</th>
<th>Excellent</th>
<th>Good</th>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Attendance</td>
<td>&gt;90%</td>
<td>75-90%</td>
<td>50-75%</td>
<td>&lt;50%</td>
<td></td>
</tr>
</tbody>
</table>

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 email copy of completed recommendation form and letter to info@thefaithendowment.org or mail in a sealed and signed envelope by June 28th, 2024. Mailing Address: FAITH Endowment, Attn: FSAE, 499 Park Avenue, 23rd Floor, New York, NY 10022. For questions, tele: (212) 803-9363
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. As a member of the prestigious FAITH Scholar network, I recognize I will be expected to participate in other FAITH-related events or programs and mentor other FAITH Scholars.

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 28th, 2024