



Educational Excellence
Spiritual Strength

226 Black Oak Boulevard, Summerville, SC 29485 ■ Phone 843-873-9310 ■ Fax 843-873-5709
www.summervillecatholic.org

ERIN KELLY MEMORIAL GRANT

The Erin Kelly Memorial Grant is a tuition assistance program that provides help to families who would otherwise be unable to attend Summerville Catholic School. The Erin Kelly Memorial Grant is now Summerville Catholic School's exclusive tuition assistance funding source.

The Erin Kelly Memorial Grant does not have an official deadline. Grants will be awarded until the annual limit has been reached. Families are encouraged to apply by March 1, to ensure funding is available.

To apply, families must complete all of the steps listed below under guidelines.

GUIDELINES

1. Student Registration

- ❖ Student(s) must be registered for the 2019-2020 school year at SCS to apply for the Erin Kelly Memorial Grant.

2. FACTS Grant & Aid Application

- ❖ A FACTS Financial Needs Assessment must be completed through the FACTS financial aid portal. (This is different than the FACTS tuition agreement.)
- ❖ The FACTS Financial Needs Assessment can be reached via ParentsWeb:
Click FACTS → FACTS Links → Apply for Grant & Aid

Items needed for FACTS Grant & Aid Application

- Copies of your most recent Federal tax forms including all supporting tax schedules.
- Copies of your most recent W-2 forms for both you and your spouse.
- Copies of supporting documentation for Social Security Income, Welfare, Child Support, Food Stamps, Workers' Compensation, and TANF.

*****Please allow 10-14 business days for FACTS to verify your FACTS Needs Assessment.*****

3. Erin Kelly Memorial Grant Application for 2019-2020

- ❖ Submit completed application to Cierra Wrighton, Business Manager.

4. Parent Testimonial

- ❖ Parents/Guardians must submit a written testimonial on "Why a Catholic education is important for your child(ren)?"

ERIN KELLY MEMORIAL GRANT APPLICATION 2019-2020

Family Information

Family Name			
Address			
	City	State	Zip
Phone Number			
Email Address			

Student(s) Information

Name	DOB	Grade

Parent/Guardian Testimonial

In your own words, please describe "Why a Catholic education is important for your child(ren)?"

PARENT/GUARDIAN SIGNATURE _____ DATE _____

Applications will not be processed without a VERIFIED FACTS Financial Needs Assessment.