

**Fund A Dream | Attestation
Parent/ Guardian Agreement
2026-2027**

Student Name _____ **School Name:** _____

The “Fund A Dream” Program is a unique opportunity that aims to provide more families with access to Catholic education while also creating a meaningful connection between donor and student. Your school recommended your student to be a recipient of a Fund A Dream Scholarship. If your student is awarded a scholarship they will be matched with a donor who has pledged a \$2,500 grant for the 2026-2027 academic year. Your school will notify you regarding the status of the potential scholarship.

I would like to be considered for a Fund A Dream Scholarship for the above student and agree to participate in the below aspects of the program:

- Allowing my child to provide 2-3 communications (cards, notes) with our FAD sponsor; and assist the school as necessary with information for a year-end progress report.
- Schools will invite FAD sponsors to attend their Catholic Schools Week mass. Based on how your school organizes this event your student may meet their FAD sponsor.
- Stay in good financial standing with the school.
- Use this Fund A Dream Scholarship to replace any prior DTA grants awarded to my child for 2026-2027.
- The following criteria, as defined by my school:

PARENT _____

DATE _____

