



**Cycle 1**  
**Application for**  
**Tuition Assistance**  
**2015/2016**

SCHOOL OFFICE USE ONLY	
School Code:	
School Name:	
Awarded Renewal ( <b>X</b> )	
Student ID #:	

Information submitted on this application will remain confidential.

STUDENT INFORMATION			
First Name:	Middle Name Initial:	Last Name:	
Street Address:			
City:	State: <b>CA</b>	ZIP:	Student Birth Date: ____/____/____
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Grade entering in Fall 2015: <b>9</b>	School Currently Attending:	Type of School: <input type="checkbox"/> Catholic <input type="checkbox"/> Public <input type="checkbox"/> Charter <input type="checkbox"/> Home School <input type="checkbox"/> Other _____
Ethnic Background (Optional):	<input type="checkbox"/> Afro American <input type="checkbox"/> Armenian <input type="checkbox"/> Asian: _____ (Nationality) <input type="checkbox"/> Caucasian/White <input type="checkbox"/> Filipino <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Middle Eastern <input type="checkbox"/> Multiple Ethnicities <input type="checkbox"/> Native American: _____ (Please List Tribe) <input type="checkbox"/> Declined to State		
Religious Background (Optional):	<input type="checkbox"/> Roman Catholic <input type="checkbox"/> Jewish <input type="checkbox"/> Muslim <input type="checkbox"/> Mormon <input type="checkbox"/> Southern Baptist <input type="checkbox"/> Sikh <input type="checkbox"/> Hindu <input type="checkbox"/> Buddhist <input type="checkbox"/> Other Christian: _____ <input type="checkbox"/> Other: _____ <input type="checkbox"/> Declined to State <input type="checkbox"/> No Religious Affiliation		
HOUSEHOLD INFORMATION			
<b>Parent/Guardian A</b> ( <i>Parent or Guardian legally responsible for Student</i> )			
First Name:	Last Name:	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Domestic Partnership	
Relationship w/ Student: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Grandparent <input type="checkbox"/> Step-Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other _____			
CONTACT INFORMATION		Email:	
Home Phone: (____) _____ - _____	Cell Phone: (____) _____ - _____	Work Phone: (____) _____ - _____	
Employment Status: <input type="checkbox"/> Employed <input type="checkbox"/> Self-Employed <input type="checkbox"/> Homemaker <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Disabled <input type="checkbox"/> Full-Time Student	Occupation:  If self-employed, type of business:	Employer:  Name of Business:	
Parent/Guardian B			
<b>Parent/Guardian B</b> ( <i>Parent or Guardian residing with Parent/Guardian B</i> )			
First Name:	Last Name:	Relationship to Parent/Guardian A: <input type="checkbox"/> Spouse <input type="checkbox"/> Relative <input type="checkbox"/> Ex-Spouse <input type="checkbox"/> Other <input type="checkbox"/> Domestic Partner	
Relationship w/ Student: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Grandparent <input type="checkbox"/> Step-Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other _____			
CONTACT INFORMATION		Email:	
Home Phone: (____) _____ - _____	Cell Phone: (____) _____ - _____	Work Phone: (____) _____ - _____	
Employment Status: <input type="checkbox"/> Employed <input type="checkbox"/> Self-Employed <input type="checkbox"/> Homemaker <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Disabled <input type="checkbox"/> Full-Time Student	Occupation:  If self-employed, type of business:	Employer:  Name of Business:	
CEF STAFF OFFICE USE ONLY		<input type="checkbox"/> Application Reviewed <input type="checkbox"/> Data Entered <input type="checkbox"/> Scanned	

<b>LIST OF INCOME SOURCES</b>				
<b>PARENT/GUARDIAN INFORMATION</b>	<b>PARENT/GUARDIAN A</b>	<b>PARENT/GUARDIAN B</b>	<b>PRINCIPAL DOCUMENT CHECKLIST</b>	<b>CEF OFFICE USE ONLY</b>
	FIRST NAME: _____ LAST NAME: _____	FIRST NAME: _____ LAST NAME: _____		
<b>LIST OF ANNUAL SOURCES OF INCOME FOR TAX YEAR 2013</b>	<input type="checkbox"/> Single <input type="checkbox"/> Married Filing Joint <input type="checkbox"/> Married Filing Separately <input type="checkbox"/> Head of Household <input type="checkbox"/> Do Not File	<input type="checkbox"/> Single <input type="checkbox"/> Married Filing Joint <input type="checkbox"/> Married Filing Separately <input type="checkbox"/> Head of Household <input type="checkbox"/> Do Not File		
<b>Taxable Income</b>	<i>Please provide the corresponding Supporting Documents</i>			
<b>Employment Income</b> (Form 1040, Line 7)	\$ _____	\$ _____		
<b>Business/Self-Employment Income</b> (Schedule C: Form 1040, Line 12)	\$ _____	\$ _____		
<b>Capital Gains</b> (Schedule D: Form 1040, Line 13)	\$ _____	\$ _____		
<b>Rental, Partnership, S Corp, Trust Income</b> (Schedule E: Form 1040, Line 17)	\$ _____	\$ _____		
<b>Farm Income</b> (Schedule F: Form 1040, Line 18)	\$ _____	\$ _____		
<b>Pension</b> (Form 1040, Line 16 or Annual Pension Statement)	\$ _____	\$ _____		
<b>Unemployment</b> (Form 1040, Line 19)	\$ _____	\$ _____		
<b>SSI (Social Security)</b> (Form 1040, Line 20 or SSI Statement)	\$ _____	\$ _____		
<b>Cash Income</b> (Notarized Statement of Income)	\$ _____	\$ _____		
<b>Annual distribution from Investments</b> (Trust funds, CDs, Stocks, IRAs, 401ks, etc.)	\$ _____	\$ _____		
<b>Non-Taxable Income</b>	<i>Please provide the corresponding Supporting Documents</i>			
<b>Public Housing Assistance/Section 8</b> (Section 8 Allotment Statement)	\$ _____	\$ _____		
<b>CalWORKs: Welfare/TANF</b> (CalWORKS Benefit Amount Statement)	\$ _____	\$ _____		
<b>CalFresh: Food Stamps</b> (CalFresh Benefit Amount Statement)	\$ _____	\$ _____		
<b>Child Support</b> (Letter w/ Amount of Support)	\$ _____	\$ _____		
<b>Disability</b> (Annual Disability Statement or Supplemental SSI)	\$ _____	\$ _____		
<b>Alimony</b> (Letter w/ Amount of Support)	\$ _____	\$ _____		
<b>Other Income</b> (Explain)	\$ _____	\$ _____		
<b>TOTALS</b>				

**FAMILY EXPENSES**

Where does this family live?  Own/Mortgage Home  Rent Home/Apartment  Live in the home of Relative/Friend  Section 8 Housing  Federal Housing  Shelter/Temporary Housing  We are Homeless (Streets/Car)  Other \_\_\_\_\_

If you are living with friends/family, how much do you contribute monthly? \$ \_\_\_\_\_

Monthly Mortgage or Rent: \$ \_\_\_\_\_ Is your home currently in foreclosure or short sale?  Yes  No

**FAMILY VEHICLES**

Vehicle A: Car Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Monthly Car Payment \$ \_\_\_\_\_ # of Months left on car loan: \_\_\_\_\_

Vehicle B: Car Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Monthly Car Payment \$ \_\_\_\_\_ # of Months left on car loan: \_\_\_\_\_

Do you use either vehicle for Business?  Vehicle A  Vehicle B

**Catholic Education Foundation (CEF) Policies and Procedures:**

All CEF Tuition Award Programs are designed to assist students in the Archdiocese of Los Angeles with tuition for enrollment in a Catholic school within the Archdiocese of Los Angeles. The award partially offsets the cost of tuition in a Catholic school with grants paid directly to the Catholic school after verifying student enrollment in the Fall and Spring of the school year. All information submitted in this application is confidential and used for the purpose of determining eligibility for a CEF Tuition Award and data research. By signing the application, you grant CEF permission to use the information on this application and to gather additional personal, private information from the attending school concerning the student and your family or to contact you, the applicant, and the attending school to verify the information and/or develop data for educational and research studies, and analysis. You agree to waive and release CEF from all claims in connection with this research. In addition, you grant CEF permission to request and collect additional data, including test scores related to reading and math, ITBS, PSAT, SAT, AP, ACT test scores. You also grant CEF permission to request and collect tuition rates, GPA, report cards, transcripts, college acceptance, college attendance and data available concerning post secondary education as well as any quantitative and qualitative data on this applicant from such institutions and other resources. CEF will hold this information in confidence and release the name of the applicant or the family name only with your expressed permission.

**The Following CEF Policy Applies to All Applicants Without Exception:**

1. Applicant may not receive more than one tuition award from CEF in a given year.
2. CEF does not accept and will not review any applications that are mailed directly to CEF from applicant.
3. CEF Tuition Awards **may not** be transferred to another student, non-participating Catholic school, and/or to another diocese.
4. Students awarded a tuition award who are not enrolled and present in a Catholic school during the Fall and/or Spring Verification Process will lose his/her tuition award for that school year or the remaining semester, as appropriate.
5. This application must be returned to the participating Catholic school of the Archdiocese of Los Angeles complete with proof of income.
6. Schools must submit all applications to CEF on or before the CEF program deadline.
7. CEF is under no obligation to review or accept any application that is received after the deadline, is incomplete, illegible, unsigned, lacks pastor/principal's recommendation form, lacks the principal/pastor's signature, does not have adequate proof of income, discrepancies, and/or lacks information that makes it impossible to render a funding decision.
8. CEF may deny any application due to any CEF Program budget restraints, even after it is submitted by the school.
9. Participating Catholic Schools are under no obligation to submit this application if any of the following criteria have not been met:
  - a. Family has refused or not provided adequate, complete, and/or legal proof of income (based on CEF Policy for Proof of Income) or information;
  - b. Family income exceeds CEF income guidelines;
  - c. Student does not meet academic requirements to remain enrolled in the school;
  - d. Lack of student and/or family involvement/volunteer service in school or parish;
  - e. Application submitted past any CEF deadline or school's internal program deadlines.
  - f. Student is a recipient of a award from another Foundation (Rose Hills, Daughters of Charity, etc.)

**CEF Policy for Proof of Income** *(Please submit all applicable documents)*

- A. Page 1 of 2013 Federal Income Tax Returns (1040, 1040A or 1040EZ) – *Unobstructed View of Page 1*
  - a. Filed Separately
    - i. If Applicant and Co-Applicant file separately, both tax returns are required for the same tax year.
  - b. Dependents
    - i. If student is not a dependent on Guardian's taxes, please provide taxes on which student is a dependent.
    - ii. Please provide the supplemental sheet for dependents if names are not on Page 1 of Form 1040.
  - c. Tax Schedules
    - i. Copies of all supporting tax schedules if you have income from any of the following:
      1. Business (*Form 1040, Line 12 – Submit Schedule C or C-EZ: Page 1, 2 & Other Expense Page*)
      2. Capital Gains (*Form 1040, Line 13 – Submit Schedule D*)
      3. Rental Property, Partnership, Trust (*Form 1040, Line 17 – Submit Schedule E: Page 1 & 2*)
      4. S-Corporation (*Form 1040, Line 17 – Submit Schedule E: Page 2, Form 1120S*)
      5. Farm Income (*Form 1040, Line 18 – Submit Schedule F: Page 1*)
- B. Cash Income
  - a. CEF Notarized Statement of Income (*Requires a CEF Notarized Statement of Income signed and sealed by a Licensed Notary Public.*)
- C. Copies of all supporting documentation for household Non-Taxable Income:
  - a. *Social Security Income, CalWORKS: Welfare/TANF, Child Support, CalFresh: Food Stamps, Workers Compensation, Disability, Alimony, Section 8: Public Housing*
- D. All official documentation to prove income and dependents on "INCOME SOURCES" page of the application.

**PARENT/GUARDIAN:**

Your signature below indicates that you have read and understand the CEF Policies & Procedures Page. The information provided on this application is true, accurate and complete, and legal proof of income has been provided. You understand that all information on this application will be verified. Any incomplete, missing, false and/or fraudulent information or documentation on this application, missing signatures, refusal to provide adequate/legal proof of income and/or any pertinent information required to process or determine a decision on this application will be cause for automatic denial of a tuition award.

Parent/Guardian A or B Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

In regards to my students Post-Secondary Education data, I understand that I and my student have the right to (a) request a copy of any of their Educational Records disclosed to CEF under this consent by contacting CEF and (b) revoke my consent at any time by delivering written notice to CEF at Catholic Education Foundation, 3424 Wilshire Blvd. 3<sup>rd</sup> Floor, Los Angeles, CA 90010; programs@cefdn.org