

CEF USE ONLY	
School Code	
School Name	
New Applicant	<input type="checkbox"/> Yes <input type="checkbox"/> No
Renewal Applicant	<input type="checkbox"/> Yes <input type="checkbox"/> No
Student ID #	

Cycle III: 2018-2019

Application for Tuition Assistance Program (TAP)

Information submitted on this application will remain confidential.

Student Information

First Name:		Middle Initial:	Last Name:	
Street Address:			Apartment/Unit #:	
City:		State: CA	ZIP Code:	
Date of Birth:		Sex:	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Grade Level: Fall 2018	Current School (Name):	School Type:	<input type="checkbox"/> Catholic <input type="checkbox"/> Public	<input type="checkbox"/> Private <input type="checkbox"/> Home School
			<input type="checkbox"/> Charter	<input type="checkbox"/> Other

Voluntary Demographic Information

Ethnicity: African American Armenian Asian : _____ Caucasian/White Filipino
 Hispanic/Latino Pacific Islander Middle Eastern Multiple Ethnicities
 Other: _____ Native American Tribe: _____

Religion: Roman Catholic Jewish Muslim Mormon Southern Baptist
 Sikh Hindu Buddhist Christian: _____ Other: _____
 None

For choices with blank spaces, please specify.

Parent/Guardian Information

Legal Parent/Guardian A	Parent/Guardian B (Must reside with Legal Parent/Guardian A)
Name: _____ <i>First Last</i>	Name: _____ <i>First Last</i>
Relationship to Student: <input type="checkbox"/> Father <input type="checkbox"/> Foster Parent <input type="checkbox"/> Mother <input type="checkbox"/> Step Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Guardian	Relationship to Student: <input type="checkbox"/> Father <input type="checkbox"/> Foster Parent <input type="checkbox"/> Mother <input type="checkbox"/> Step Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Guardian
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Domestic Partnership <input type="checkbox"/> Separated <input type="checkbox"/> Widowed	Relationship to <i>Legal Parent/Guardian A</i> : <input type="checkbox"/> Spouse <input type="checkbox"/> Ex-Spouse <input type="checkbox"/> Relative <input type="checkbox"/> Domestic Partner <input type="checkbox"/> Other
Employment Status: <input type="checkbox"/> Employed; Occupation: _____ Employer: _____ <input type="checkbox"/> Self-Employed; Type of Business: _____ Name of Business: _____ <input type="checkbox"/> Unemployed <input type="checkbox"/> Disabled <input type="checkbox"/> Retired <input type="checkbox"/> Homemaker <input type="checkbox"/> Full-Time Student	Employment Status: <input type="checkbox"/> Employed; Occupation: _____ Employer: _____ <input type="checkbox"/> Self-Employed; Type of Business: _____ Name of Business: _____ <input type="checkbox"/> Unemployed <input type="checkbox"/> Disabled <input type="checkbox"/> Retired <input type="checkbox"/> Homemaker <input type="checkbox"/> Full-Time Student
E-mail: _____	E-mail: _____
Mobile Phone: _____	Mobile Phone: _____
Home Phone: _____	

CEF USE ONLY	<input type="checkbox"/> Reviewed <input type="checkbox"/> Data Entered <input type="checkbox"/> Scanned
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Sources of Income

Complete the information below based on Income Tax Filing Year 2016

	Legal Parent/Guardian A	Parent/Guardian B	CEF USE ONLY
Filing Status	<input type="checkbox"/> Single <input type="checkbox"/> Married; filed jointly <input type="checkbox"/> Married; filed separately <input type="checkbox"/> Head of Household <input type="checkbox"/> Did not file	<input type="checkbox"/> Single <input type="checkbox"/> Married; filed jointly <input type="checkbox"/> Married; filed separately <input type="checkbox"/> Head of Household <input type="checkbox"/> Did not file	
TAXABLE INCOME	<i>Please provide supporting documents for each applicable item.</i>		
Employment Income <small>(Form 1040, Line 7)</small>	\$	\$	
Business/Self- Employment Income <small>(Schedule C: Form 1040, Line 12)</small>	\$	\$	
Capital Gains <small>(Schedule D: Form 1040, Line 13)</small>	\$	\$	
Rental, Partnerships, S Corp, Trust Income <small>(Schedule E: Form 1040, Line 17)</small>	\$	\$	
Farm Income <small>(Schedule F: Form 1040, Line 18)</small>	\$	\$	
Pension <small>(Form 1040, Line 16 or Annual Pension Statement)</small>	\$	\$	
Unemployment <small>(Form 1040, Line 19)</small>	\$	\$	
SSI (Social Security) <small>(Form 1040, Line 20 or SSI Statement)</small>	\$	\$	
Cash Income <small>(Notarized Statement of Income)</small>	\$	\$	
Annual Distribution from Investments <small>(Trust funds, CDs, Stocks, IRAs, 401Ks, etc.)</small>	\$	\$	
NON-TAXABLE INCOME	<i>Please provide supporting documents for each applicable item.</i>		
Military Compensation <small>(Basic/Special Pay and/or Allowance)</small>	\$/Monthly	\$/Monthly	
Public Housing Assistance/Section 8 <small>(Section 8 Allotment Statement)</small>	\$/Monthly	\$/Monthly	
CalWORKS: Welfare/TANF <small>(CalWORKS Benefit Amount Statement)</small>	\$/Monthly	\$/Monthly	
CalFresh: Food Stamps <small>(CalFresh Benefit Amount Statement)</small>	\$/Monthly	\$/Monthly	
Child Support <small>(Letter with Amount of Support)</small>	\$/Monthly	\$/Monthly	
Disability <small>(Annual Disability Statement or Supplemental SSI)</small>	\$/Monthly	\$/Monthly	
Alimony <small>(Letter with Amount of Support)</small>	\$/Monthly	\$/Monthly	
Other Income <small>(Explain)</small>	\$/Monthly	\$/Monthly	
TOTAL INCOME	\$	\$	

Family Assets/Expenses

Residence	<input type="checkbox"/> Own <input type="checkbox"/> With Relatives/Friends	<input type="checkbox"/> Lease/Rent <input type="checkbox"/> Temporary Housing/Shelter	<input type="checkbox"/> Federal Housing <input type="checkbox"/> Homeless <input type="checkbox"/> Section 8 Housing <input type="checkbox"/> Other: _____
Monthly Mortgage/Rent: \$ _____	Monthly Contribution: \$ _____ <small>(If residing with Relatives/Friends)</small>	Is your home currently in foreclosure or short sale?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Vehicle(s) 1. Year: _____ Make: _____ Model: _____ Monthly Payment: \$ _____ Remaining Months to Payoff/Lease: _____ 2. Year: _____ Make: _____ Model: _____ Monthly Payment: \$ _____ Remaining Months to Payoff/Lease: _____			
Is either vehicle used for business?	<input type="checkbox"/> No	<input type="checkbox"/> Vehicle 1	<input type="checkbox"/> Vehicle 2

Information submitted on this application will remain confidential.

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 terms and conditions apply without exception:

1. A student may only receive one tuition award from CEF per school year.
2. Tuition awards are not guaranteed. CEF reserves the right to deny eligible applications due to budget limitations.
3. CEF tuition awards are non-transferrable.
4. All students receiving tuition awards must be enrolled and regularly attending their Catholic schools upon fall and spring enrollment verification. CEF reserves the right to withdraw tuition awards for students who do not meet these conditions for the remainder of the semester and/or school year.
5. *For Mail-In Applications:* Applications mailed directly to CEF from an applicant will not be accepted or reviewed. All applications must be completed and returned to only participating Catholic schools with acceptable proof(s) of income.
6. *For On-Site Applications:* All applications must be completed and submitted to a CEF representative at during the on-site appointment with acceptable proof(s) of income.
7. Participating Catholic schools must submit all applications and required supplemental documents to CEF on or before the submission deadline. CEF reserves the right to reject applications that are incomplete and/or received after the submission deadline.

Participating Catholic schools are under no obligation to submit an application to CEF if one or more of the following factors exist:

- Annual household income exceeds CEF's income guidelines
- Applicants failed to meet school's internal submission deadline
- Student does not meet the academic requirements to remain eligible for enrollment at the school
- Student and/or family does not meet the service/volunteer requirements or expectations to remain eligible for enrollment at the school
- Student is a recipient of an award from another foundation (ex. Rose Hills, Daughters of Charity, etc.)

CEF Guidelines for Acceptable Proof of Income Documentation

(Submit all applicable documents)

- A. Page 1 of 2016 Federal Income Tax Returns (1040, 1040A or 1040EZ) – *Unobstructed View of Page 1*
 - a. Filed Separately
 - i. If Legal Parent/Guardian A and Legal Parent/Guardian B file separately, both tax returns are required for the same tax year.
 - b. Dependents
 - i. If student is not a dependent of individual(s) on this application, please provide tax returns for individual(s) 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. Notarized Statement of Income signed and sealed by a Licensed Notary Public
- C. Copies of all supporting documentation for household Non-Taxable Income including Social Security Income, CalWORKS: Welfare/TANF, Child Support, CalFresh: Food Stamps, Workers Compensation, Disability, Alimony, Section 8: Public Housing
- D. All other official documentation to prove income listed on Page 2 of this application

Agreement

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.

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. 3rd Floor, Los Angeles, CA 90010; programs@cefdn.org

Printed Name of Legal Parent/Guardian: _____

Signature: _____

Date: _____