



Application for Tuition Assistance 2014/2015

CEF SCHOOL OFFICE USE ONLY	
School Code:	
School Name:	
New Applicant ()	
Transfer Applicant ()	
Incoming 9 th Grader ()	
Student ID #:	

STUDENT INFORMATION			
First Name:	Middle Name Initial:	Last Name:	
Street Address:			
City:	State: CA	ZIP:	Student Birth Date: ____/____/____
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Grade entering in Fall 2014:	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			
Parent/Guardian A (Parent or Guardian legally responsible for Student)			
First Name:	Last Name:	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Divorced <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 E-Mail: _____		Home Phone: _____	Cell 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 (Parent or Guardian residing with Parent/Guardian A)			
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 E-Mail: _____		Home Phone: _____	Cell 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 OFFICE USE ONLY			

LIST OF INCOME SOURCES				
PARENT/GUARDIAN INFORMATION	PARENT/GUARDIAN A	PARENT/GUARDIAN B	PRINCIPAL DOCUMENT CHECKLIST	CEF OFFICE USE ONLY
	FIRST NAME: _____ LAST NAME: _____	FIRST NAME: _____ LAST NAME: _____		
LIST OF ANNUAL SOURCES OF INCOME FOR TAX YEAR 2012	<input type="checkbox"/> Single <input type="checkbox"/> Married Filing Joint <input type="checkbox"/> Married Filed 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 Filed Separately <input type="checkbox"/> Head of Household <input type="checkbox"/> Do Not File		
Taxable Income	<i>Please provide the corresponding Supporting Documents</i>			
Employment Income (Form 1040, Line 7)	\$ _____	\$ _____		
Business/Self-Employment Income (Schedule C: Form 1040, Line 12)	\$ _____	\$ _____		
Capital Gains (Schedule D: Form 1040, Line 13)	\$ _____	\$ _____		
Rental, Partnership, S Corp, Trust Income (Schedule E: Form 1040, Line 17)	\$ _____	\$ _____		
Farm Income (Schedule F: Form 1040, Line 18)	\$ _____	\$ _____		
Pension (Form 1040, Line 16 or Annual Pension Statement)	\$ _____	\$ _____		
Unemployment (Form 1040, Line 19)	\$ _____	\$ _____		
SSI (Social Security) (Form 1040, Line 20 or SSI Statement)	\$ _____	\$ _____		
Cash Income (Notarized Statement of Income)	\$ _____	\$ _____		
Annual distribution from Investments (Trust funds, CDs, Stocks, IRAs, 401Ks, etc.)	\$ _____	\$ _____		
Non-Taxable Income	<i>Please provide the corresponding Supporting Documents</i>			
Public Housing Assistance/Section 8 (Section 8 Allotment Statement)	\$ _____	\$ _____		
CalWORKs: Welfare/TANF (CalWORKS Benefit Amount Statement)	\$ _____	\$ _____		
CalFresh: Food Stamps (CalFresh Benefit Amount Statement)	\$ _____	\$ _____		
Child Support (Letter w/ Amount of Support)	\$ _____	\$ _____		
Disability (Annual Disability Statement or Supplemental SSI)	\$ _____	\$ _____		
Alimony (Letter w/ Amount of Support)	\$ _____	\$ _____		
Other Income (Explain)	\$ _____	\$ _____		
TOTALS				

FAMILY EXPENSES	
Where does this family live? Monthly Mortgage or Rent: \$ _____	<input type="checkbox"/> Own/Mortgage Home <input type="checkbox"/> Rent Home/Apartment <input type="checkbox"/> Live in the home of Relative/Friend <input type="checkbox"/> Section 8 Housing <input type="checkbox"/> Federal Housing <input type="checkbox"/> Shelter/Temporary Housing <input type="checkbox"/> We are Homeless (Streets/Car) <input type="checkbox"/> Other _____ If you are living with friends/family, how much do you contribute monthly? \$ _____ Is your home currently in foreclosure or short sale? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Vehicle A <input type="checkbox"/> 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/or 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 GPA, report cards, transcripts, college acceptance, college attendance and any quantitative and qualitative data on this applicant. CEF will hold this information in confidence and never release the name of the applicant or the family name without 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.
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 your application due to any CEF Program budget restraints.
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 2012 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: _____