



The Catholic Education Foundation

Tuition Assistance Programs

Application

All information on this application is and shall remain confidential.

SCHOOL YEAR: _____
School Code: _____
School Name: _____

Applicant Information:

Student's First Name: _____ Middle Initial: _____ Last Name: _____

Home Address: _____ City: _____ Zip Code: _____

Phone: (____) _____ - _____ Birthdate: ____/____/____ Sex: Male Female Grade next September: _____

Ethnic background (Optional): () Native American () Asian () Afro American () Hispanic/Latino () Pacific Islander
() Caucasian-White/Other () Decline to state

Religion (Optional): () Catholic () Other Christian () Non-Christian () None () Other () Decline to state

Family Information:

Total Number of persons in Household: _____ [Number of children in the home: _____ Number of Adults (18+) in the home: _____]

Applicant lives with: (Check all that apply): () Mother () Father () Grandparent(s) () Step-Parent () Guardian () Foster Care

Employer of parent/guardian 1: _____ Occupation: _____ Monthly Salary: \$ _____

Employer of parent/guardian 2: _____ Occupation: _____ Monthly Salary: \$ _____

How many children from this family are presently enrolled in Catholic elementary schools? _____ Catholic High Schools? _____

Public elementary schools? _____ Public high schools? _____ College/University? _____ Working? _____

Financial Information:

Does the parent/guardian of the applicant receive alimony? () YES () NO If yes, how much monthly? \$ _____

Does the parent/guardian of the applicant receive child support? () YES () NO If yes, how much monthly? \$ _____

Does anyone in your household receive AFDC, Social Security, Unemployment and/or Disability? () YES () NO If yes, who:

_____ (Check one) () AFDC () Social Security () Unemployment () Disability How much monthly? \$ _____

_____ (Check one) () AFDC () Social Security () Unemployment () Disability How much monthly? \$ _____

Did the family have any major expenses last year? () YES () NO If yes, what: _____ Amount: \$ _____

Do you own your own home? () YES () NO If yes, monthly mortgage payment: \$ _____

Do you own any other property? () YES () NO If yes, how many units/houses? _____ Monthly property income: \$ _____

Monthly mortgage payment: \$ _____ Property Expenses \$ (explain:) _____

Do you rent your home/apartment? () YES () NO If yes, monthly rent payment: \$ _____ OR Do you rent a room from parent(s)

or extended family member(s)? () YES () NO If yes, monthly household contribution or rent payment: \$ _____

Make/model & year of all cars in the household: _____ Monthly car payments: \$ _____

School/Parish Involvement:

Does your family assist the school? () YES () NO if yes, how? _____

Does your family assist the parish/church/community? If yes, how? _____

Special Circumstances: (If more space is needed, please attach a written statement)

Do you have any unusual or special circumstances, which might require special consideration in evaluating this application () YES () NO, if yes what?

The Catholic Education Foundation Program Policies, Guidelines & Restrictions

CEF Policy:

The Tuition Awards Program is designed to assist students in the Archdiocese of Los Angeles with tuition for enrollment in Catholic schools. The award partially offsets the cost of enrollment in a Catholic school with grants paid directly to the Catholic schools.

The following policy applies to all applicants without exception:

- (1) Applicant may not receive more than one tuition award from this Foundation.
- (2) If applicant is a recipient of a *Children's Scholarship Fund* grant he/she may not be eligible to apply for a CEF award or for CEF funding.
- (3) CEF Tuition Awards may not be transferred to any private or non-participating LA Archdiocesan Catholic school or to another diocese.
- (4) This application must be returned completed with proof of income to the elementary or high school to which the applicant is applying to or registered to attend in the Fall.

Catholic Schools participating in the Foundation's tuition awards programs are limited to the number of applications they are permitted to submit to CEF and are under no obligation to submit this application if the following CEF Criteria have not been met:

- (1) Family has refused or not provided adequate and/or legal proof of income (Based on CEF Policy for Proof of Income)
- (2) Family income exceeds the CEF income guidelines
- (3) Student does not meet academic requirements to remain enrolled in the school
- (4) Lack of student and/or family involvement/volunteer service in school or parish
- (5) Student is a recipient of another tuition award from CEF.
- (6) Student is a recipient of a Children's Scholarship Fund grant.

CEF Restrictions: The Catholic Education Foundation (CEF) is under no obligation to review your application for a tuition grant if:

- (1) Application is incomplete, missing mandatory information and/or required signatures from parents/principals/pastors.
- (2) Family has refused to provide adequate proof of income
- (3) Lacks adequate or legal proof of income (Based on CEF Policy for Proof of Income)
- (4) Application has been submitted directly to the Foundation by the family
- (5) Application does not have a completed and signed Pastor/Principal Recommendation
- (6) An Applicant was also submitted to the Children's Scholarship Fund (CSF).

CEF Policy for Proof of Income:

- (1) This year's current and completed income tax returns (1040's), or
- (2) Last years completed income tax returns plus this year's W-2s
- (3) If a family member has not worked anytime during the last 12 months, they must provide the Foundation with a formal and legal notice/ action of layoff status, disability benefits, social security benefits, unemployment benefits, and/or welfare benefits, and court order of legal separation/divorce for spousal or child support.

Your signature below indicates that you have read and you understand the above stated CEF Program Policies, Guidelines & Restrictions, that the information provided on this application is accurate and complete, that you have provided legal proof of income, that you are aware that all information will be verified and any false information on this document, missing signatures or refusal to provide any proof of income or any pertinent information will be cause for automatic denial of any tuition assistance from this Foundation.

Parent/Guardian Signature: _____ Print Name: _____ Date: _____

School Office Use Only: Verification of Financial Information:

Total Annual household income \$ _____ (please do not indicate zero)

(This figure should be a total of the **net salary income** plus all listed income from first page of application.)

Please **check all** the financial documents used to verify your family income:

- | | |
|--|--|
| <input type="checkbox"/> Completed Income Tax Returns (2007) | <input type="checkbox"/> W-2 Form (2007) plus Completed Income Tax Returns (2006) |
| <input type="checkbox"/> AFDC/Public Assistance <input type="checkbox"/> Social Security | <input type="checkbox"/> Disability <input type="checkbox"/> Unemployment Benefits |
| <input type="checkbox"/> SSI Death Benefits of Spouse or Parent(s) | <input type="checkbox"/> Other(s): (list & explain) _____ |

Pastor/Principal Signature: _____

Catholic Education Foundation Office Use Only:

Date Application Received: _____

Date of Data Entry: _____

Clerk Signature: _____

Allocation Committee Use Only:

Application Status

Awarded: Denied: Wait List:

Reason for Denial: _____