



Application for Tuition Assistance

2011/2012

School Office Use Only

School Code: _____

School Name: _____

Please fill out this application completely, sign and return to your school with required proof of income.

STUDENT INFORMATION

| | | | | |
|---|--|-----------------------------|------------|--|
| First Name: | | Middle Initial: | Last Name: | |
| Street Address: | | | | |
| City: | | State: CA | ZIP: | Birth date: ____/____/____ |
| Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female | Grade Fall 2011: | 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"/> Asian <input type="checkbox"/> Afro American <input type="checkbox"/> Caucasian/White <input type="checkbox"/> Filipino <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Native American <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Multiple Ethnicities <input type="checkbox"/> Declined to State <input type="checkbox"/> Other: _____ | | | |
| Religious Background (Optional): | <input type="checkbox"/> Catholic <input type="checkbox"/> Other Christian: _____ <input type="checkbox"/> No Religious Affiliation <input type="checkbox"/> Declined to State <input type="checkbox"/> Other: _____ | | | |

HOUSEHOLD INFORMATION

Parent/Guardian A

| | | | | |
|--|-------------------------------------|--|--|--|
| First Name: | Relationship with 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 _____ | | |
| Last Name: | Email Address: | | | |
| Home Phone Number: | | Cell Phone Number: | | |
| Employment Status: | Occupation: | Employer: | | |
| <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 | Work Phone Number: | Number of years with company: | | |
| | If self-employed, type of business: | If self-employed, number of years owned business: | | |

Parent/Guardian B

| | | | | |
|--|-------------------------------------|--|--|--|
| First Name: | Relationship with 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 _____ | | |
| Last Name: | Email Address: | | | |
| Home Phone Number: | | Cell Phone Number: | | |
| Employment Status: | Occupation: | Employer: | | |
| <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 | Work Phone Number: | Number of years with company: | | |
| | If self-employed, type of business: | If self-employed, number of years owned business: | | |

Please list all dependents in your family unit (including adults and children):

| Name | Age | Relationship with Student | Name | Age | Relationship with Student |
|------|-----|---------------------------|------|-----|---------------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

FAMILY INCOME

| ANNUAL SOURCES OF INCOME | PARENT/GUARDIAN A | PARENT/GUARDIAN B |
|---|--|--|
| Income Tax Filing Status for 2009: | <input type="checkbox"/> Single <input type="checkbox"/> Married 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 Joint <input type="checkbox"/> Married Filed Separately <input type="checkbox"/> Head of Household <input type="checkbox"/> Do Not File |
| Annual Income | \$ | \$ |
| Cash Income (Not reported) | \$ | \$ |
| SSI (Social Security) | \$ | \$ |
| Supplemental SSI | \$ | \$ |
| Death Benefits SSI/Pension | \$ | \$ |
| Welfare/TANF/AFDC | \$ | \$ |
| Food Stamps | \$ | \$ |
| WIC | \$ | \$ |
| Unemployment | \$ | \$ |
| Disability | \$ | \$ |
| Alimony/Family Support | \$ | \$ |
| Child Support | \$ | \$ |
| Student Grant and Scholarship Aid | \$ | \$ |
| Section 8 Housing | \$ | \$ |
| Income from Real Estate | \$ | \$ |
| Income from Business/Farms | \$ | \$ |
| Investments (Trust funds, CDs, Stocks, IRAs, 401Ks, etc.) | \$ | \$ |
| Other: _____ | \$ | \$ |

FAMILY EXPENSES

Where does this family live? Own Home Rented Home/Apartment Live in your parents home Shelter/Temporary Housing
 Federal Housing Section 8 Housing Other _____

Monthly Housing Mortgage or Rent: \$ _____

If you share housing with family or other adults, what portion of the mortgage or rent do you pay? \$ _____

Is your home currently in foreclosure or short sale? Yes No

Do you own or lease any vehicles? Yes No
 If yes, how many? (Please list all cars below)

Are any vehicles used for business purposes? Yes No
 If yes, explain specifically how the vehicle is being used: _____

| Make | Model | Year | Own or Lease | Current Car Loan Balance | Monthly Car Payment |
|------|-------|------|---|--------------------------|---------------------|
| | | | <input type="checkbox"/> Own <input type="checkbox"/> Lease | \$ | \$ |
| | | | <input type="checkbox"/> Own <input type="checkbox"/> Lease | \$ | \$ |
| | | | <input type="checkbox"/> Own <input type="checkbox"/> Lease | \$ | \$ |

Please use the space below to add any comments or explain special circumstances to help us understand your current financial need

The Catholic Education Foundation (CEF) Guidelines & Restrictions

All Tuition Award Programs are designed to assist students in the Archdiocese of Los Angeles with tuition for enrollment in a Catholic school of the Archdiocese of Los Angeles. The award partially offsets the cost of enrollment in a Catholic school with grants paid directly to the Catholic school after verifying student enrollment in the Fall and the Spring.

All information submitted in this application is confidential and provided for the purpose of determining eligibility for a Tuition Award from the CEF and data research. By signing the application, you grant CEF permission to contact you, the applicant, and the school to verify the information, develop data for educational/ 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 reading and math test scores, Iowa test scores, PSAT, SAT and AP, ACT test scores 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 express 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 person/student or to any non-participating Catholic school or to another diocese.
4. Students awarded a tuition award who are not enrolled and present in a Catholic school during the CEF's Verification Process will lose his/her tuition award for that school year.
5. The application must be completed and returned to a Catholic school of the Archdiocese of Los Angeles complete with proof of income. Submit application to the Catholic school the applicant is applying to or registered to attend in the Fall. (Exception: Cycle 1:Special 8th Grade applicants apply through their Catholic elementary school.)
6. All applications must be submitted by schools on or before the program deadlines.
7. CEF is under no obligation to review or accept any application that is incomplete, illegible, unsigned, lacks pastor or principal's signature and/or has not provided adequate proof of income, has discrepancies or lacks information that makes it impossible to render a funding decision or the application is received after the deadline.
8. CEF annual budget is approved by its Board of Trustees. The annual budget limits the number of tuition awards granted annually. CEF may deny your application due to budget restraints

CEF Policy for Proof of Income:

1. This year's current and completed income tax returns OR
2. Last year's 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 school 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.**
4. If another form of proof of income is used, please explain in detail (Example: check stub, letter from employer with notarized affidavit, etc)

Participating Catholic Schools are under no obligation to submit this application if any of the following Criteria has 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) or information
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. Application submitted past any CEF or school internal deadlines
7. Application does not have Pastor and/or Principal's recommendation signature

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

Signature (Parent/Guardian A): _____

Signature (Parent/Guardian B, if applicable) : _____

Date: _____

Date: ____/____/____



**Principal/Pastor
Recommendation Form
2011/2012**

School Office Use Only

Student Name: _____ Grade: _____
 School Code: _____
 School Name: _____

INCOME VERIFICATION

| ANNUAL SOURCES OF INCOME | COMBINED VALUES FROM STUDENT APPLICATION (PARENT/GUARDIAN A AND/OR B) |
|---|--|
| Annual Net Income | \$ |
| Cash Income (Not reported) | \$ |
| SSI (Social Security) | \$ |
| Supplemental SSI | \$ |
| Death Benefits SSI/Pension | \$ |
| Welfare/TANF/AFDC | \$ |
| Food Stamps | \$ |
| WIC | \$ |
| Unemployment | \$ |
| Disability | \$ |
| Alimony/Family Support | \$ |
| Child Support | \$ |
| Student Grant and Scholarship Aid | \$ |
| Section 8 Housing | \$ |
| Income from Real Estate | \$ |
| Income from Business/Farms | \$ |
| Investments (Trust funds, CDs, Stocks, IRAs, 401ks, etc.) | \$ |
| Other: _____ | \$ |

TOTAL HOUSEHOLD ANNUAL INCOME

\$

Please check all financial documents used to verify income:

| | | |
|---|---|---|
| <input type="checkbox"/> Federal/State Income Tax Returns (Year: _____) | <input type="checkbox"/> 2009 W-2 Forms (Year: _____) | <input type="checkbox"/> AFDC/Welfare/TANF |
| <input type="checkbox"/> Disability | <input type="checkbox"/> SSI (Social Security) | <input type="checkbox"/> SSI Death Benefits |
| <input type="checkbox"/> Alimony/Family Support | <input type="checkbox"/> Unemployment Benefits | <input type="checkbox"/> Child Support (Wage Garnishment) |
| <input type="checkbox"/> CEF Notarized Form | <input type="checkbox"/> Other _____ | |

Please use the space below to add any comments to help us understand this student's financial need: including recent loss of job, disability, etc.

I have reviewed this application, verified the family income using the legal financial documents checked off above and I fully recommend this applicant be considered for a tuition award from the Catholic Education Foundation. I have read and understand the CEF Guidelines & Restrictions. I understand that all information on this application will be verified and that any incomplete, missing or false information, missing signatures, any pertinent information necessary to process this application and/or inadequate legal proof of income will be cause for automatic denial of any tuition assistance from CEF.

Principal/Pastor Signature _____ Date: _____