



CATHOLIC EDUCATION FOUNDATION
Invest in Children™

Application for Tuition Assistance 2012/2013

School Office Use Only

School Code: _____

School Name: _____

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 entering in Fall 2012:	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"/> Jewish <input type="checkbox"/> Other: _____ <input type="checkbox"/> Declined to State <input type="checkbox"/> No Religious Affiliation			

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:		
Main Contact: <input type="checkbox"/> Home Phone <input type="checkbox"/> Cell/Mobile <input type="checkbox"/> Work Phone		Area Code:	Phone Number:	
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:		Employer:	
If self-employed, type of business:		Name of Business:		
Do you own or lease a vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No		Make:	Model:	Year:
			Do you use your car for your business? <input type="checkbox"/> Yes <input type="checkbox"/> No	

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:		
Main Contact: <input type="checkbox"/> Home Phone <input type="checkbox"/> Cell/Mobile <input type="checkbox"/> Work Phone		Area Code:	Phone Number:	
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:		Employer:	
If self-employed, type of business:		Name of Business:		
Do you own or lease a vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No		Make:	Model:	Year:
			Do you use your car for your business? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Please list all dependents in your family unit (including adults and children) that the Parent(s)/Guardian(s) financially support(s):

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 tax year _____:	<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 (before taxes)	\$	\$
Cash Income	\$	\$
SSI (Social Security)	\$	\$
Supplemental SSI	\$	\$
Death Benefits SSI	\$	\$
Pension	\$	\$
Welfare/TANF/AFDC	\$	\$
Food Stamps	\$	\$
Unemployment	\$	\$
Disability	\$	\$
Alimony	\$	\$
Child Support/Family Support	\$	\$
Parent/Guardian college/university student aid, grants or scholarships	\$	\$
Income from Real Estate/Rental or Income Property	\$	\$
Income from Business/Farm(s)	\$	\$
Annual distribution from Investments (Trust funds, CDs, Stocks, IRAs, 401Ks, etc.)	\$	\$

FAMILY EXPENSES			
Where does this family live?	<input type="checkbox"/> Own Home <input type="checkbox"/> Rented Home/Apartment <input type="checkbox"/> Live in the home of Parent/Relative/Friend <input type="checkbox"/> Shelter/Temporary Housing <input type="checkbox"/> Federal Housing <input type="checkbox"/> Section 8 Housing <input type="checkbox"/> Other _____		
Monthly Mortgage or Rent: \$	How much do you contribute towards the monthly mortgage or rent? \$	Is your home currently in foreclosure or short sale?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Car information:	Make	Model	Year
			Monthly Car Payment
			\$
			\$
			\$

Please use the space below to explain why you need tuition assistance or 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 parent/guardian 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): _____ **Date:** _____

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

If application was not completed by parent/guardian: Prepared by: _____

Relationship to Applicant: _____ **Date:** _____



CATHOLIC EDUCATION FOUNDATION
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Student Name: _____ Grade: _____

School Code: _____ School: _____

Pastor/Principal Recommendation Form

INCOME VERIFICATION	
ANNUAL SOURCES OF INCOME	COMBINED VALUES FROM STUDENT APPLICATION (PARENT/GUARDIAN A AND/OR B)
Annual Income (before taxes)	\$
Cash Income	\$
SSI (Social Security)	\$
Supplemental SSI	\$
Death Benefits SSI	\$
Pension	\$
Welfare/TANF/AFDC	\$
Food Stamps	\$
Unemployment	\$
Disability	\$
Alimony	\$
Child Support/Family Support	\$
Parent/Guardian college/university student aid, grants or scholarships	\$
Income from Real Estate/Rental or Income Property	\$
Income from Business/Farms	\$
Investments (Trust funds, CDs, Stocks, IRAs, 401Ks, etc.)	\$

TOTAL HOUSEHOLD ANNUAL INCOME	\$
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Please check all financial documents used to verify income:

Federal/State Income Tax Returns (Year: _____)
 W-2 Forms (Year: _____)
 AFDC/Welfare/TANF
 Disability
 SSI (Social Security)
 SSI Death Benefits
 Child/Family Support/Alimony (Wage Garnishment)
 Unemployment Benefits
 Notarized Affidavit
 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 is subject for audit; and that any false information, missing signatures and/or any incomplete or missing information that is 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: _____