



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: 2020-2021

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: California	ZIP Code:	
Date of Birth:	Sex:	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Grade Level: Fall 2020	Current School (Name):	School Type:	<input type="checkbox"/> Catholic <input type="checkbox"/> Private <input type="checkbox"/> Charter <input type="checkbox"/> Public <input type="checkbox"/> Home School <input type="checkbox"/> Other
Voluntary Demographic Information			
Ethnicity:	<input type="checkbox"/> African American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Asian : _____	<input type="checkbox"/> Armenian <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Native American Tribe: _____	<input type="checkbox"/> Caucasian/White <input type="checkbox"/> Middle Eastern <input type="checkbox"/> Filipino <input type="checkbox"/> Multiple Ethnicities <input type="checkbox"/> Other: _____
Religion:	<input type="checkbox"/> Roman Catholic <input type="checkbox"/> Jewish <input type="checkbox"/> Muslim <input type="checkbox"/> Sikh <input type="checkbox"/> Hindu <input type="checkbox"/> Buddhist <input type="checkbox"/> No Affiliation	<input type="checkbox"/> Mormon <input type="checkbox"/> Southern Baptist <input type="checkbox"/> Christian: _____ <input type="checkbox"/> Other: _____	<i>For choices with blank spaces, please specify.</i> <i>For choices with blank spaces, please specify.</i>

Parent/Guardian Information	
<p align="center">Legal Parent/Guardian A</p> <p>Name: _____ <small>First Last</small></p> <p>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</p> <p>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</p> <p>Employment Status: <input type="checkbox"/> Employed; Occupation: _____ <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</p> <p>E-mail: _____ Mobile Phone: _____ Home Phone: _____</p>	<p align="center">Parent/Guardian B (Must reside with Legal Parent/Guardian A)</p> <p>Name: _____ <small>First Last</small></p> <p>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</p> <p>Relationship to Legal Parent/Guardian A: <input type="checkbox"/> Spouse <input type="checkbox"/> Ex-Spouse <input type="checkbox"/> Relative <input type="checkbox"/> Domestic Partner <input type="checkbox"/> Other</p> <p>Employment Status: <input type="checkbox"/> Employed; Occupation: _____ <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</p> <p>E-mail: _____ Mobile Phone: _____</p>
CEF USE ONLY	<input type="checkbox"/> Reviewed <input type="checkbox"/> Data Entered <input type="checkbox"/> Scanned

Sources of Income (2020-2021)

Complete the information below based on Income Tax Filing Year 2018

Filing Status	Legal Parent/Guardian A	Parent/Guardian B	CEF USE ONLY
	<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 1)</small>	\$	\$	
Pension <small>(Form 1040, Line 4a or Annual Pension Statement)</small>	\$	\$	
SSI (Social Security) <small>(Form 1040, Line 5a or SSI Statement)</small>	\$	\$	
Schedule 1 (Form 1040, Line 6)	<i>Please provide supporting documents for each applicable item.</i>		
Business/Self- Employment Income <small>(Schedule C: Form Schedule 1, Line 12)</small>	\$	\$	
Capital Gains <small>(Schedule D: Form Schedule 1, Line 13)</small>	\$	\$	
Rental, Partnerships, S Corp, Trust Income <small>(Schedule E: Form Schedule 1, Line 17)</small>	\$	\$	
Farm Income <small>(Schedule F: Form Schedule 1, Line 18)</small>	\$	\$	
Unemployment <small>(Form Schedule 1, Line 19)</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 or Form Schedule 1, Line 11)</small>	Monthly/\$	Monthly/\$	
Other Income <small>(Explain)</small>	Monthly/\$	Monthly/\$	
TOTAL INCOME	\$	\$	

Family Assets/Expenses

Residence Own Lease/Rent Federal Housing Section 8 Housing
 With Relatives/Friends Temporary Housing/Shelter Homeless Other: _____

Monthly Mortgage/Rent: \$ _____ If residing with Relative/Friend Monthly Contribution \$ _____ Is your home currently in foreclosure or shortsale?
 Yes 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: _____

If self-employed, is either vehicle used for your business? No Vehicle 1 Vehicle 2

Information submitted on this application will remain confidential.

TAP Policies and Procedures (2020-2021)

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 and during the on-site appointment with acceptable proof(s) of income. Any Award letter received at the On-Site is predicated on CEF receiving a Principal Recommendation for the applicant. If a Principal Recommendation is not received by the subsequent deadline for the given cycle of the applicant, CEF reserves the right to withdraw the award from the applicant.
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 2018 Federal Income Tax Returns (1040) – *Unobstructed View of Pages 1 & 2.*
 - 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.
 - c. Tax Schedules
 - i. Copies of all supporting tax schedules (including Schedule 1) if you have income one Line 6 of the 1040 Federal Taxes and from any of the following on Schedule 1:
 1. *Business (Form Schedule 1, Line 12 – Submit Schedule C or C-EZ: Page 1, 2 & Other Expense Page).*
 2. *Capital Gains (Form Schedule 1, Line 13 – Submit Schedule D).*
 3. *Rental Property, Partnership, Trust (Form Schedule 1, Line 17 – Submit Schedule E: Page 1 & 2).*
 4. *S-Corporation (Form Schedule 1, Line 17 – Submit Schedule E: Page 2, Form 1120S).*
 5. *Farm Income (Form Schedule 1, 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 student's 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: _____

Information submitted on this application will remain confidential.



FY2021 FINANCIAL ELIGIBILITY GUIDELINES

A student from a household with a total income at or below the following levels is eligible to apply for a Tuition Assistance Award from the Catholic Education Foundation (CEF).

Household Size	Annual Gross Income (Mission 1)	Annual Gross Income (Mission 2)
1	\$18,673	\$23,107
2	\$25,280	\$31,284
3	\$31,888	\$39,461
4	\$38,496	\$47,638
5	\$45,104	\$55,815
6	\$51,712	\$63,992
7	\$58,320	\$72,169
8	\$64,928	\$80,346

Note: For each additional individual after 8 persons, add:

Mission 1: \$5,083 to \$64,928

Mission 2: \$8,177 to \$80,346

CEF defines a **household** as all individuals living together in the same dwelling who share expenses for rent, utilities, food, clothing, and other necessities. A **one-member household** is a student who is his/her sole support, such as an institutionalized minor or adult. A foster child is only considered a one-member household if the welfare/placement agency maintains legal responsibility for the child.

* Based on Federal Poverty Guidelines as of 9/12/19



Instructions for completing and submitting a NOTARIZED STATEMENT OF INCOME

1. Fill out CEF's NOTARIZED STATEMENT OF INCOME document as applicable.
2. Provide a Notary Public with proper documentation to prove your income and dependent(s).
3. Sign the document with a Notary Public or appropriate official as your witness.

The *NOTARIZED STATEMENT OF INCOME* is to be used only when Federal Income Tax Return(s) for the legal parent(s)/guardian(s) of a student is not available *or* if undeclared cash income for the household exists. The statement, along with proper documentation, should be submitted with your application to CEF. Failure to disclose all income sources (taxable and non-taxable) and provide appropriate proof will result in the denial of your application.



NOTARIZED STATEMENT OF INCOME

I/We, _____ and _____
Print name of Legal Parent/Guardian A Print name of Legal Parent/Guardian B

hereby swear to be the legal guardian(s) of _____
Print name of Student

My/Our relationship to this student is _____
(Ex. parent, guardian, relative, sibling)

My/Our address is _____

The following information summarizes income that I/we currently earn:

Parent/Guardian Name	Employer Name	Hours Worked per Week	Hourly Rate	Weekly Income

Other income that I/we receive (check all that apply and provide *monthly* amount):

- | | | |
|--|---|--|
| <input type="checkbox"/> Pension: \$ _____ | <input type="checkbox"/> Unemployment: \$ _____ | <input type="checkbox"/> Social Security: \$ _____ |
| <input type="checkbox"/> Section 8: \$ _____ | <input type="checkbox"/> CalWorks: \$ _____ | <input type="checkbox"/> CalFresh: \$ _____ |
| <input type="checkbox"/> Child Support: \$ _____ | <input type="checkbox"/> Disability: \$ _____ | <input type="checkbox"/> Alimony: \$ _____ |

The following person(s) is/are 100% dependent upon me/us for financial support (include student named above):

Dependent Name	Relationship to Legal Parent/Guardian	Age

I/We swear the information provided on this statement is true and correct, and includes *all* sources of income for my/our household.

Signature of Legal Parent/Guardian A

Signature of Legal Parent/Guardian B

NOTARY PUBLIC

This *Statement of Income* was sworn and subscribed to me on the _____ st/th day in the month of _____, 20_____.

Notary Signature

Notary Stamp/Seal

This statement is to be used only when Federal Income Tax Return(s) is/are not available or if undeclared cash income for the household exists.