

CEF USE ONLY				
School Name				
New Applicant	Yes No			
Renewal Applicant	Yes No			
Student ID #				

# Cycle II: 2025-2026

# 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	: #:		
		To California		ZIP Code:	· ·		
City:		State: California		ZIP Code:			
Date of Birth:			Sex:	Male Female			
Grade Level:	Current School (Name):		School Type:	Catholic	Private Charter		
Fall 2025				Public	Home School   Other		
		Voluntary Dem	nographic Information				
Ethnicity: Africa	an American Arm	menian	ian/White	Filipino			
☐ Hispa	anic/Latino Pac	cific Islander	Eastern	☐ Multiple E	thnicities		
Asian	1:	Native American T	ribe:		Other:		
			n blank spaces, please spe	-			
_	an Catholic		·	Sikh Hindu	u Buddhist		
Christ	tian: Othe						
	l   Dout/Guardian		rdian Information	Parent/Gue			
	Legal Parent/Guardian	A	(M	Parent/Gua ust reside with <i>Legal</i>			
Name:	Last		Name:				
_	_		First		Last		
		ster Parent p Parent	<u>Relationship</u>	Father	Foster Parent		
	Grandparent Gua	•	to Student:	Mother	Step Parent		
Marital Status:	Single Dive	·- ·		Grandparent	Guardian		
		orced mestic Partnership	<u>Relationship</u>	Spouse	☐ Ex-Spouse		
	Separated Wic	· ·	to Legal Parent/	Relative	Domestic Partner		
<u>Employment</u>	☐ Employed; Occupation: _		<u>Guardian A</u>	Other			
	Employer:		Employment	Employed; Occi	upation:		
			Status:	Employer:			
	Self-Employed; Type of B	Business:					
	Name of Business:			Self-Employed;	Type of Business:		
	☐ Unemployed ☐ Disa	abled Retired	1	Name of Business:			
	☐ Homemaker ☐ Full	l-Time Student		Unemployed	☐ Disabled ☐ Retired		
E maile				Homemaker	Full-Time Student		
E-mail:			E-mail:				
Home/Mobile Phone:	·		_	Home/Mobile Phone:			
			Home/IVIODITE FITOTIE	<u></u>			
CEF USE				Reviewed	☐ Data Entered ☐ Scanned		
ONLY							

Sources of Income (2025-2026)							
Complete the information below based on Income Tax Filing Year 2023							
	Legal Parent/Guardian A	Parent/Guardian B					
CEF USE ONLY:							
TAXABLE INCOME	Please provide supporting documents for each applicable item.						
Employment Income	\$	\$	e iterri.				
(Form 1040, Line 1z)	Ť						
Pension	\$	\$					
(Form 1040, Line 5a or Annual Pension Statement)							
SSI (Social Security) (Form 1040, Line 6a or SSI Statement)	\$	\$					
Capital Gains	\$	\$					
(Schedule D: Form 1040, Line 7)							
Schedule 1 (Form 1040, Line 8)	Please provide supporting	documents for each applicable	e item.				
Business/Self- Employment Income	\$	\$					
(Schedule C: Form Schedule 1, Line 3)	•						
Other Gains or (losses) (Form 4797: Form Schedule 1, Line 4)	\$	\$					
Rental, Partnerships, S Corp, Trust Income	\$	\$					
(Schedule E: Form Schedule 1, Line 5)							
Farm Income	\$	\$					
(Schedule F: Form Schedule 1, Line 6)							
Unemployment (Form Schedule 1, Line 7)	\$	\$					
Cash Income	\$	\$					
(Notarized Statement of Income)	Ψ						
Annual Distribution from Investments	\$	\$					
(Trust funds, CDs, Stocks, IRAs, 401Ks, etc.)							
NON-TAXABLE INCOME		documents for each applicable	e item.				
Military Compensation	Monthly/\$	Monthly/\$					
(Basic/Special Pay and/or Allowance)  Public Housing Assistance/Section 8	Monthly/\$	Monthly/\$					
(Section 8 Allotment Statement)	Memany, \$\psi\$	l literatury, ¢					
CalWORKS: Welfare/TANF	Monthly/\$	Monthly/\$					
(CalWORKS Benefit Amount Statement)							
CalFresh: Food Stamps (CalFresh Benefit Amount Statement)	Monthly/\$	Monthly/\$					
Child Support	Monthly/\$	Monthly/\$					
(Letter with Amount of Support)							
Disability	Monthly/\$	Monthly/\$					
(Annual Disability Statement or Supplemental SSI)							
Alimony (Letter with Amount of Support or Form Schedule 1, Line	Monthly/\$	Monthly/\$					
(Letter with Amount of support of Form Schedule 1, Line 2a)							
Other Income	Monthly/\$	Monthly/\$					
(Explain)	\$	\$					
TOTAL INCOME	J D	Φ					
	Family Assets/Expenses						
	r anning Assets/Expenses						
Residence: Own	Lease/Rent [ ]	Federal Housing Section	on 8 Housing				
☐ With Relatives/Friends	☐ Temporary Housing/Shelter	☐ Homeless ☐ Othe	r:				
Monthly Mortgage/Rent: If residing w	ith Relative/Friend Is yo	our home currently in foreclosure or	shortsale?				
\$							
Vehicle(s)							
1. Year: Make: Model:	Monthly Payment: \$	_ Remaining Months to Payoff/Le	ease:				
2. Year: Make: Model:	Monthly Payment: \$ Remaining Months to Payoff/Lease:						

## TAP Policies and Procedures (2025-2026)

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 Virtual Appointment Applications: All applications must be completed and submitted to a CEF representative at and during the virtual appointment with acceptable proof(s) of income. Any Award letter emailed after the virtual appointment 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.
- 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 2023 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 on Line 8 of the 1040 Federal Taxes and from any of the following on Schedule 1:
      - 1. Business (Form Schedule 1, Line 3 Submit Schedule C or C-EZ: Page 1, 2 & Other Expense Page).
      - 2. Capital Gains (Form 1040, Line 7 Submit Schedule D).
      - 3. Rental Property, Partnership, Trust (Form Schedule 1, Line 5 Submit Schedule E: Page 1 & 2).
      - 4. S-Corporation (Form Schedule 1, Line 5 Submit Schedule E: Page 2, Form 1120S).
      - 5. Farm Income (Form Schedule 1, Line 6 Submit Schedule F: Page 1).
- B. Cash Income
  - a. Notarized Statement of Income containing a list of the members of the household and the income of all individuals within that household 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:
--	------------	-------