



ST. PAUL HIGH SCHOOL

COLLEGE PREPARATORY

2026-2027 FINANCIAL ASSISTANCE PACKET

It is the goal of the administration of St. Paul High School to offer an opportunity for all students to attend this high school. The cost of educating one student is approximately \$14,000 a year per student. The school seeks support from generous donors. With their support, every student is offered a discounted tuition rate. The rate for the 2026-2027 school year along with the required fees will be published in February. Traditionally, tuition increases 3%-5% annually and **this increase is not part of the assistance.**

We recognize that there are families who could not send their sons and/or daughters to St. Paul without additional assistance. **The Catholic Education Foundation (CEF) has generously provided assistance to those families with verified need. The process may consist of an interview with a representative from CEF.** There are families who do not fall into the financial requirements set by CEF. Families who do not meet the eligibility requirements for CEF are able to apply for assistance from St. Paul High School using the same CEF application in addition to this application. This packet contains forms that must be completed in entirety and submitted with all required documents in order to be considered for any assistance.

Eligibility Scale for Assistance from St. Paul High School (not CEF).

Household Size Including Student and all dependents reflected tax documents	Annual Total Gross Income
2	\$50,000
3	\$60,000
4	\$75,000
5	\$85,000
6	\$90,000
7	\$95,000
For each additional individual after 7 persons, add \$8,000	

FAMILIES NOT QUALIFYING FOR ASSISTANCE FROM ST. PAUL BASED ON THE TABLE ABOVE MUST SUBMIT THE ATTACHED FORM REQUESTING SPECIAL CONSIDERATION LOCATED IN THIS PACKET. SUBMISSION OF THIS COMPLETED FORM DOES NOT GUARANTEE ASSISTANCE. FINANCIAL AID IS BASED ON THE AVAILABLE POOL OF MONEY, THE NUMBER OF APPLICATIONS, AND THE DEMONSTRATED NEED.

IN PERSON CEF APPOINTMENTS WILL BE ON DECEMBER 3, 2025 AT ST. PAUL HIGH SCHOOL. AFTER THAT, COMPLETED APPLICATIONS (CEF and St. Paul forms) WITH SUPPORTING DOCUMENTS ARE DUE TO ST. PAUL ON OR BEFORE DECEMBER 19, 2025 TO BE CONSIDERED IN THE FIRST SCHOOL REVIEW OF FAMILIES ELIGIBLE AND REQUESTING ASSISTANCE FROM ST. PAUL COMPLETED APPLICATIONS FOR ASSISTANCE FROM ST. PAUL WILL BE ACCEPTED UNTIL THE POOL OF AID IS DEPLETED.

Date of Submission _____



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Oldest/Only Student Name _____

Oldest/Only Student 2026-2027 Grade _____ Parent email address _____

Current School if not St. Paul High School _____

Parent/Guardian applying for assistance _____

Household size including student(s) and dependents as reflected on tax documents _____

Household Unit for Student: Please check all the names of the parental unit with whom the student lives.

mother father step-mother step-father Other: _____

(Each line below must be initialed to verify that the item is complete and or included)

Initials of Applicant

Item

1. _____

1. Completed application including signature(s)

2. _____

2. Submission of complete set of tax documents

3. _____

3. Acknowledgment of requirements for eligibility

4. _____

4. Request for special consideration form completed.

As the parent/legal guardian for the student(s) listed on this application. I understand that to be considered for assistance, the registration fee must be paid. Failure to pay the registration fee (at least 50%) of it will disqualify me and the application will not be considered for assistance from St. Paul High School. The later the registration fee is paid, the less likely it is that assistance will be available. Failure to make regular and on time payments may result in the withdrawal of assistance to the student.

Parent/Guardian Printed Name and Date

Parent/Guardian Signature and Date



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Special Consideration for Financial Assistance.

Oldest or Only Student Name: _____

Oldest or Only 2026-2027 Student grade: _____

Siblings attending St. Paul High School:

Name	2026-2027 Grade
1.	
2.	
3.	

Please use the area below to explain why there is a need for assistance. **Please be as specific as possible** and attach an additional sheet for more room if needed. Federal Income Tax returns from 2025 OR 2024 must verify the student is the financial responsibility of the applicant. All income tax returns for all parents, step-parents, guardians in the household must be submitted.

The student must be claimed on the income taxes to be eligible for assistance. Failure to submit documentation will delay or disqualify applicant from consideration. Submission of additional supporting documents is welcomed and may be requested. Feel Free to use the front and back of this page.

CEF USE ONLY	
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 I: 2026-2027
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 2026	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: African American Armenian Caucasian/White Filipino
 Hispanic/Latino Pacific Islander Middle Eastern Multiple Ethnicities
 Asian: _____ Native American Tribe: _____ Other: _____

For choices with blank spaces, please specify.

Religion: Roman Catholic Jewish Muslim Mormon Southern Baptist Sikh Hindu Buddhist
 Christian: _____ Other: _____ No Affiliation

Parent/Guardian Information

Legal Parent/Guardian A	Parent/Guardian B (Must reside with Legal Parent/Guardian A)
Name: _____ <i>First Last</i>	Name: _____ <i>First Last</i>
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	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
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	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
Employment Status: <input type="checkbox"/> Employed; Occupation: _____ Employer: _____ <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	Employment Status: <input type="checkbox"/> Employed; Occupation: _____ Employer: _____ <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
E-mail: _____	E-mail: _____
Home/Mobile Phone: _____	Home/Mobile Phone: _____

Sources of Income (2026-2027)

Complete the information below based on Income Tax Filing Year 2024

	Legal Parent/Guardian A	Parent/Guardian B	
CEF USE ONLY:			
TAXABLE INCOME	<i>Please provide supporting documents for each applicable item.</i>		
Employment Income (Form 1040, Line 1z)	\$	\$	
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)	<i>Please provide supporting documents for each applicable item.</i>		
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)	\$	\$	
Annual Distribution from Investments (Trust funds, CDs, Stocks, IRAs, 401Ks, etc.)	\$	\$	
NON-TAXABLE INCOME	<i>Please provide supporting documents for each applicable item.</i>		
Military Compensation (Basic/Special Pay and/or Allowance)	Monthly/\$	Monthly/\$	
Public Housing Assistance/Section 8 (Section 8 Allotment Statement)	Monthly/\$	Monthly/\$	
CalWORKS: Welfare/TANF (CalWORKS Benefit Amount Statement)	Monthly/\$	Monthly/\$	
CalFresh: Food Stamps (CalFresh Benefit Amount Statement)	Monthly/\$	Monthly/\$	
Child Support (Letter with Amount of Support)	Monthly/\$	Monthly/\$	
Disability (Annual Disability Statement or Supplemental SSI)	Monthly/\$	Monthly/\$	
Alimony (Letter with Amount of Support or Form Schedule 1, Line 2a)	Monthly/\$	Monthly/\$	
Other Income (Explain)	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 Is your home currently in foreclosure or shortsale?
 \$ _____ Monthly Contribution \$ _____ 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: _____

TAP Policies and Procedures (2026-2027)

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.
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 2024 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: _____