CATHOLIC EDUCATION FOUNDATION OF LOS ANGELES

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

Cycle 2: 2027-2028

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: ☐ Male ☐ Female

Grade Level: Fall 2027 | Current School (Name): | School Type: ☐ Catholic ☐ Private ☐ Charter ☐ Public ☐ Home School ☐ 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

Name: _____
First *Last*

Relationship to Student: ☐ Father ☐ Mother ☐ Grandparent ☐ Foster Parent ☐ Step Parent ☐ Guardian

Marital Status: ☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Domestic Partnership ☐ Widowed

Employment Status: ☐ Employed; Occupation: _____ Employer: _____

☐ Self-Employed; Type of Business: _____
Name of Business: _____

☐ Unemployed ☐ Disabled ☐ Retired ☐ Homemaker ☐ Full-Time Student

E-mail: _____

Home/Mobile Phone: _____

Parent/Guardian B

(Must reside with *Legal Parent/Guardian A*)

Name: _____
First *Last*

Relationship to Student: ☐ Father ☐ Mother ☐ Grandparent ☐ Foster Parent ☐ Step Parent ☐ Guardian

Relationship to *Legal Parent/Guardian A*: ☐ Spouse ☐ Relative ☐ Other ☐ Ex-Spouse ☐ Domestic Partner

Employment Status: ☐ Employed; Occupation: _____ Employer: _____

☐ Self-Employed; Type of Business: _____
Name of Business: _____

☐ Unemployed ☐ Disabled ☐ Retired ☐ Homemaker ☐ Full-Time Student

E-mail: _____

Home/Mobile Phone: _____

CEF USE ONLY	☐ Reviewed ☐ Data Entered ☐ Scanned

Sources of Income (2027-2028)

Complete the information below based on Income Tax Filing Year 2025

	Legal Parent/Guardian A	Parent/Guardian B	
CEF USE ONLY:			
TAXABLE INCOME	*Please provide supporting documents for each applicable item.*		
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)	*Please provide supporting documents for each applicable 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)	$	$	
Annual Distribution from Investments (Trust funds, CDs, Stocks, IRAs, 401Ks, etc.)	$	$	
NON-TAXABLE INCOME	*Please provide supporting documents for each applicable item.*		
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 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: _____

TAP Policies and Procedures (2027-2028)

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 2025 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, 4311 Wilshire Blvd. 2nd Floor, Los Angeles, CA 90010; cef@cefdn.org

Printed Name of Legal Parent/Guardian: _____ **Signature:** _____ **Date:** _____

CATHOLIC EDUCATION FOUNDATION OF LOS ANGELES

FY2028 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)	Annual Gross Income (Mission 3)
1	$23,860	$29,526	$34,491
2	$32,352	$40,034	$63,894
3	$40,843	$50,542	$74,402
4	$49,335	$61,050	$84,910
5	$57,827	$71,558	$95,418
6	$66,318	$82,066	$105,926
7	$74,810	$92,574	$116,434
8	$83,301	$103,082	$126,942

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

Mission 1: $8,492 to $83,301
Mission 2: $10,508 to $103,082
Mission 3: $12,084 to $126,942

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 4/9/26*