



CEF SCHOOL OFFICE USE ONLY	
School Code:	
School Name:	
New Applicant ()	
Transfer Applicant ()	
Student ID #:	

Information submitted on this application will remain confidential.

STUDENT INFORMATION			
First Name:		Middle Name Initial:	Last Name:
Street Address:			
City:		State: CA	ZIP: _____ Student Birth Date: ____/____/____
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Grade entering in Fall 2016:	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"/> Afro American <input type="checkbox"/> Armenian <input type="checkbox"/> Asian: _____ (Nationality) <input type="checkbox"/> Caucasian/White <input type="checkbox"/> Filipino <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Middle Eastern <input type="checkbox"/> Multiple Ethnicities <input type="checkbox"/> Native American: _____ (Please List Tribe) <input type="checkbox"/> Declined to State		
Religious Background (Optional):	<input type="checkbox"/> Roman Catholic <input type="checkbox"/> Jewish <input type="checkbox"/> Muslim <input type="checkbox"/> Mormon <input type="checkbox"/> Southern Baptist <input type="checkbox"/> Sikh <input type="checkbox"/> Hindu <input type="checkbox"/> Buddhist <input type="checkbox"/> Other Christian: _____ <input type="checkbox"/> Other: _____ <input type="checkbox"/> Declined to State <input type="checkbox"/> No Religious Affiliation		
HOUSEHOLD INFORMATION			
Parent/Guardian A (Parent or Guardian legally responsible for Student)			
First Name:		Last Name:	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Domestic Partnership
Relationship w/ 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 _____			
CONTACT INFORMATION		Email:	
Home Phone: (____) _____ - _____		Cell Phone: (____) _____ - _____	Work Phone: (____) _____ - _____
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: If self-employed, type of business:	Employer: Name of Business:	
Parent/Guardian B (Parent or Guardian residing with Parent/Guardian B)			
First Name:		Last Name:	Relationship to Parent/Guardian A: <input type="checkbox"/> Spouse <input type="checkbox"/> Relative <input type="checkbox"/> Ex-Spouse <input type="checkbox"/> Other <input type="checkbox"/> Domestic Partner
Relationship w/ 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 _____			
CONTACT INFORMATION		Email:	
Home Phone: (____) _____ - _____		Cell Phone: (____) _____ - _____	Work Phone: (____) _____ - _____
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: If self-employed, type of business:	Employer: Name of Business:	
CEF STAFF OFFICE USE ONLY		<input type="checkbox"/> Application Reviewed <input type="checkbox"/> Data Entered <input type="checkbox"/> Scanned	

LIST OF INCOME SOURCES				
PARENT/GUARDIAN INFORMATION	PARENT/GUARDIAN A	PARENT/GUARDIAN B	PRINCIPAL DOCUMENT CHECKLIST	CEF OFFICE USE ONLY
	FIRST NAME: _____ LAST NAME: _____	FIRST NAME: _____ LAST NAME: _____		
LIST OF ANNUAL SOURCES OF INCOME FOR TAX YEAR 2014	<input type="checkbox"/> Single <input type="checkbox"/> Married Filing Joint <input type="checkbox"/> Married Filing Separately <input type="checkbox"/> Head of Household <input type="checkbox"/> Do Not File	<input type="checkbox"/> Single <input type="checkbox"/> Married Filing Joint <input type="checkbox"/> Married Filing Separately <input type="checkbox"/> Head of Household <input type="checkbox"/> Do Not File		
Taxable Income	<i>Please provide the corresponding Supporting Documents</i>			
Employment Income (Form 1040, Line 7)	\$ _____	\$ _____		
Business/Self-Employment Income (Schedule C: Form 1040, Line 12)	\$ _____	\$ _____		
Capital Gains (Schedule D: Form 1040, Line 13)	\$ _____	\$ _____		
Rental, Partnership, S Corp, Trust Income (Schedule E: Form 1040, Line 17)	\$ _____	\$ _____		
Farm Income (Schedule F: Form 1040, Line 18)	\$ _____	\$ _____		
Pension (Form 1040, Line 16 or Annual Pension Statement)	\$ _____	\$ _____		
Unemployment (Form 1040, Line 19)	\$ _____	\$ _____		
SSI (Social Security) (Form 1040, Line 20 or SSI Statement)	\$ _____	\$ _____		
Cash Income (Notarized Statement of Income)	\$ _____	\$ _____		
Annual distribution from Investments (Trust funds, CDs, Stocks, IRAs, 401ks, etc.)	\$ _____	\$ _____		
Non-Taxable Income	<i>Please provide the corresponding Supporting Documents</i>			
Public Housing Assistance/Section 8 (Section 8 Allotment Statement)	\$ _____	\$ _____		
CalWORKs: Welfare/TANF (CalWORKS Benefit Amount Statement)	\$ _____	\$ _____		
CalFresh: Food Stamps (CalFresh Benefit Amount Statement)	\$ _____	\$ _____		
Child Support (Letter w/ Amount of Support)	\$ _____	\$ _____		
Disability (Annual Disability Statement or Supplemental SSI)	\$ _____	\$ _____		
Alimony (Letter w/ Amount of Support)	\$ _____	\$ _____		
Other Income (Explain)	\$ _____	\$ _____		
TOTALS				

FAMILY EXPENSES

Where does this family live? Own/Mortgage Home Rent Home/Apartment Live in the home of Relative/Friend Section 8 Housing Federal Housing Shelter/Temporary Housing We are Homeless (Streets/Car) Other _____

If you are living with friends/family, how much do you contribute monthly? \$ _____

Monthly Mortgage or Rent: \$ _____ Is your home currently in foreclosure or short sale? Yes No

FAMILY VEHICLES

Vehicle A: Car Make: _____ Model: _____ Year: _____ Monthly Car Payment \$ _____ # of Months left on car loan: _____

Vehicle B: Car Make: _____ Model: _____ Year: _____ Monthly Car Payment \$ _____ # of Months left on car loan: _____

Do you use either vehicle for Business? Vehicle A Vehicle B

Catholic Education Foundation (CEF) Policies and Procedures:

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 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 student, non-participating Catholic school, and/or to another diocese.
4. Students awarded a tuition award who are not enrolled and present in a Catholic school during the Fall and/or Spring Verification Process will lose his/her tuition award for that school year or the remaining semester, as appropriate.
5. This application must be returned to the participating Catholic school of the Archdiocese of Los Angeles complete with proof of income.
6. Schools must submit all applications to CEF on or before the CEF program deadline.
7. CEF is under no obligation to review or accept any application that is received after the deadline, is incomplete, illegible, unsigned, lacks pastor/principal's recommendation form, lacks the principal/pastor's signature, does not have adequate proof of income, discrepancies, and/or lacks information that makes it impossible to render a funding decision.
8. CEF may deny any application due to any CEF Program budget restraints, even after it is submitted by the school.
9. Participating Catholic Schools are under no obligation to submit this application if any of the following criteria have not been met:
 - a. Family has refused or not provided adequate, complete, and/or legal proof of income (based on CEF Policy for Proof of Income) or information;
 - b. Family income exceeds CEF income guidelines;
 - c. Student does not meet academic requirements to remain enrolled in the school;
 - d. Lack of student and/or family involvement/volunteer service in school or parish;
 - e. Application submitted past any CEF deadline or school's internal program deadlines.
 - f. Student is a recipient of a award from another Foundation (Rose Hills, Daughters of Charity, etc.)

CEF Policy for Proof of Income *(Please submit all applicable documents)*

- A. Page 1 of 2014 Federal Income Tax Returns (1040, 1040A or 1040EZ) – *Unobstructed View of Page 1*
 - a. Filed Separately
 - i. If Applicant and Co-Applicant file separately, both tax returns are required for the same tax year.
 - b. Dependents
 - i. If student is not a dependent on Guardian's taxes, please provide taxes on which student is a dependent.
 - ii. Please provide the supplemental sheet for dependents if names are not on Page 1 of Form 1040.
 - c. Tax Schedules
 - i. Copies of all supporting tax schedules if you have income from any of the following:
 1. Business (Form 1040, Line 12 – Submit Schedule C or C-EZ: Page 1, 2 & Other Expense Page)
 2. Capital Gains (Form 1040, Line 13 – Submit Schedule D)
 3. Rental Property, Partnership, Trust (Form 1040, Line 17 – Submit Schedule E: Page 1 & 2)
 4. S-Corporation (Form 1040, Line 17 – Submit Schedule E: Page 2, Form 1120S)
 5. Farm Income (Form 1040, Line 18 – Submit Schedule F: Page 1)
- B. Cash Income
 - a. CEF Notarized Statement of Income *(Requires a CEF Notarized Statement of Income signed and sealed by a Licensed Notary Public.)*
- C. Copies of all supporting documentation for household Non-Taxable Income:
 - a. *Social Security Income, CalWORKS: Welfare/TANF, Child Support, CalFresh: Food Stamps, Workers Compensation, Disability, Alimony, Section 8: Public Housing*
- D. All official documentation to prove income and dependents on "INCOME SOURCES" page of the application.

PARENT/GUARDIAN:

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.

Parent/Guardian A or B Name: _____ Signature: _____ Date: _____

In regards to my students 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

PARENT/GUARDIAN RELEASE FOR STUDENT OR MINOR (NONCOMMERCIAL)

This section to be completed by the Location:

Archdiocese, School or Parish Location (“Location”):

Class/Activity:

Any Roman Catholic Archdiocese of Los Angeles event or the events of its Subsidiaries

The above referenced Location intends to use your child’s image, name, voice and/or work for the following noncommercial purposes (describe class/activity, date(s) if applicable):

The following person(s)/entity not connected to the Location will be involved in the class/activity: _____

This section to be completed by Parent/Guardian:

I _____ am the parent/guardian of _____, a minor. I hereby authorize the above referenced Location to use the following personal information about my child:

Please initial the applicable boxes

Image/visual likeness: _____ yes _____ no Voice: _____ yes _____ no

Name: _____ yes _____ no Work: _____ yes _____ no



I understand and agree that my child's image, name, voice and/or work (the "Personal Information") will be used for the particular reasons identified above. I further understand and agree that the Location may use the Personal Information for other noncommercial purposes, including, but not limited to, publicity, exhibits, electronic media broadcasts or research. I understand and agree that the Personal Information of my child may be copied, edited and distributed by the Location in publications, catalogues, brochures, books, magazines, exhibits, films, videotapes, CDs, DVDs, email messages, websites, or any other form now known or later developed (the "Materials").

The Location may use the Personal Information at its sole discretion, with or without my child's name or with a fictitious name, and with accurate or fictitious biographical material. The Location will not use the Personal Information for improper purposes or in a manner inconsistent with the teachings of the Roman Catholic Church.

I waive any right to inspect or approve any Materials that may be created using the Personal Information now and in the future. While the Location will take care to maintain the particular intents and purposes of the photographs or electronic recordings, editing may be necessary to obtain the best results. I release and discharge the Location and its affiliated entities, employees and agents from any liability that may arise out of the making or editing of the photographs or electronic recordings, including but not limited to, distortion, blurring, alteration, optical or auditory illusion or use in composite form.

In exchange for the opportunity given to my child by the Location to participate in the class/activity, I hereby agree that neither I, nor my child, will receive monetary compensation, royalties or credit for use of the photographs or electronic recordings by the Location. I understand and agree that the Location shall be the owner of all right, title and interest, including copyright, in the photographs, electronic recordings and Materials. If the Location intends to use the Materials for a commercial purpose, I will be provided at that time with information about the terms of the commercial use.

I hereby waive, release and forever discharge any and all claims, demands, or causes of action against the Location and its affiliated entities, employees, agents, contractors and any other person, organization, or entity assisting them with the photography, electronic recording or Materials, for damages or injuries in any way related to, or arising from the photography, electronic recording or Materials, or the use of the Personal Information, and I expressly assume the risk of any resulting injury or damage.

I further understand and agree that this Authorization remains in effect until it is withdrawn in writing. I understand that if I change my mind about this Authorization, that I will submit another, new authorization form to the Location. However, my new authorization will not have the effect of revoking this Authorization, and the Location will have no duty or obligation to make any changes or alterations to any Materials that may have been prepared based on this Authorization.



I represent that I have read this Authorization, understand the contents and am able to grant the rights and waivers it contains. I understand that the terms of this Authorization are contractual and not mere recitals. I am signing this document freely and voluntarily.

Signature: _____ Date: _____

Print Name: _____

Relationship to Child: _____

Address: _____

Telephone: _____

Name of Child: _____ Age: _____

