



## How to Apply for Tuition Assistance from CEF

### ***ON-SITE PROCESSING***

1. Verify that you and your household meet CEF's income guidelines for financial eligibility (refer to FINANCIAL ELIGIBILITY form).
2. Complete all three pages of the APPLICATION FOR TUITION ASSISTANCE PROGRAM (TAP) form.
3. Bring your completed application form and all proper proof of income documents to your scheduled appointment.

Acceptable proof of income documents include your 2024 Federal Income Tax Return (1040) or a NOTARIZED STATEMENT OF INCOME document. See *CEF Guidelines for Acceptable Proof of Income Documentation* on Page 3 of the application for more details and requirements. All applications and proof of income documents submitted to CEF will be archived and/or disposed of as appropriate to ensure confidentiality.

Below is a walk-through of how parents can setup their appointments with CEF via our Online System.

1. Follow this link to our appointment booking website: <https://bookcef1.timetap.com/>
2. Read then Click "Next" on the Welcome Screen
3. Choose the name of the Elementary School where your student(s) will be attending (address shown is the appointment location) and Click "Next"
4. Choose a Time to meet with CEF Representatives and Click "Next" *March 17 or March 26*
5. Enter in your information to reserve your appointment (Make sure to enter your Cell Phone and Email in order to get text and email reminders) and Click "Save"
6. Please print or save the confirmation page for your records. Host Site address is where you will be meeting with CEF Representatives.

### **Your Catholic school is:**

*San Gabriel Mission High School*

Cycle III Applicants:

You will receive an email notification from CEF by July 2026 about the status of your application.



CEF USE ONLY	
School Name	St. Philip the Apostle
New Applicant	<input type="checkbox"/> Yes <input type="checkbox"/> No
Renewal Applicant	<input type="checkbox"/> Yes <input type="checkbox"/> No
Student ID #	

**Cycle 3: 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: <b>California</b>	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	
<b>Legal Parent/Guardian A</b>	<b>Parent/Guardian B</b> (Must reside with Legal Parent/Guardian A)
Name: _____ First                      Last	Name: _____ First                      Last
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: _____

CEF USE ONLY	<input type="checkbox"/> Reviewed <input type="checkbox"/> Data Entered <input type="checkbox"/> Scanned

## Sources of Income (2026-2027)

Complete the information below based on Income Tax Filing Year 2024

	Legal Parent/Guardian A	Parent/Guardian B	
<b>CEF USE ONLY:</b>			
<b>TAXABLE INCOME</b>	<i>Please provide supporting documents for each applicable item.</i>		
<b>Employment Income</b> (Form 1040, Line 1z)	\$	\$	
<b>Pension</b> (Form 1040, Line 5a or Annual Pension Statement)	\$	\$	
<b>SSI (Social Security)</b> (Form 1040, Line 6a or SSI Statement)	\$	\$	
<b>Capital Gains</b> (Schedule D: Form 1040, Line 7)	\$	\$	
<b>Schedule 1</b> (Form 1040, Line 8)	<i>Please provide supporting documents for each applicable item.</i>		
<b>Business/Self- Employment Income</b> (Schedule C: Form Schedule 1, Line 3)	\$	\$	
<b>Other Gains or (losses)</b> (Form 4797: Form Schedule 1, Line 4)	\$	\$	
<b>Rental, Partnerships, S Corp, Trust Income</b> (Schedule E: Form Schedule 1, Line 5)	\$	\$	
<b>Farm Income</b> (Schedule F: Form Schedule 1, Line 6)	\$	\$	
<b>Unemployment</b> (Form Schedule 1, Line 7)	\$	\$	
<b>Cash Income</b> (Notarized Statement of Income)	\$	\$	
<b>Annual Distribution from Investments</b> (Trust funds, CDs, Stocks, IRAs, 401Ks, etc.)	\$	\$	
<b>NON-TAXABLE INCOME</b>	<i>Please provide supporting documents for each applicable item.</i>		
<b>Military Compensation</b> (Basic/Special Pay and/or Allowance)	Monthly/\$	Monthly/\$	
<b>Public Housing Assistance/Section 8</b> (Section 8 Allotment Statement)	Monthly/\$	Monthly/\$	
<b>CalWORKS: Welfare/TANF</b> (CalWORKS Benefit Amount Statement)	Monthly/\$	Monthly/\$	
<b>CalFresh: Food Stamps</b> (CalFresh Benefit Amount Statement)	Monthly/\$	Monthly/\$	
<b>Child Support</b> (Letter with Amount of Support)	Monthly/\$	Monthly/\$	
<b>Disability</b> (Annual Disability Statement or Supplemental SSI)	Monthly/\$	Monthly/\$	
<b>Alimony</b> (Letter with Amount of Support or Form Schedule 1, Line 2a)	Monthly/\$	Monthly/\$	
<b>Other Income</b> (Explain)	Monthly/\$	Monthly/\$	
<b>TOTAL INCOME</b>	\$	\$	

### 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](mailto:programs@cefdn.org)

Printed Name of Legal Parent/Guardian: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_



### FY2027 FINANCIAL ELIGIBILITY GUIDELINES (Cycle 3)

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)	Annual Gross Income (Mission 4)
1	\$23,397	\$28,953	\$32,524	\$37,403
2	\$31,619	\$39,128	\$62,525	\$85,922
3	\$39,842	\$49,303	\$72,700	\$96,097
4	\$48,064	\$59,478	\$82,875	\$106,272
5	\$56,287	\$69,653	\$93,050	\$141,114
6	\$64,509	\$79,828	\$103,225	\$151,289
7	\$72,732	\$90,003	\$113,400	\$161,464
8	\$80,954	\$100,178	\$123,575	\$171,639

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

*Mission 1: \$8,223 to \$80,954*

*Mission 2: \$9,456 to \$100,178*

*Mission 3: \$10,875 to \$123,575*

*Mission 4: \$12,506 to \$171,639*

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 3/13/25