



CEF USE ONLY	
School Code	702
School Name	Mary Immaculate School
New Applicant	<input type="checkbox"/> Yes <input type="checkbox"/> No
Renewal Applicant	<input type="checkbox"/> Yes <input type="checkbox"/> No
Student ID #	

Cycle III: 2021-2022

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 checked="" type="checkbox"/> Male	<input type="checkbox"/> Female
Grade Level: Fall 2021	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: <input type="checkbox"/> African American <input type="checkbox"/> Armenian <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"/> Asian: _____ <input type="checkbox"/> Native American Tribe: _____ <input type="checkbox"/> Other: _____ <i>For choices with blank spaces, please specify.</i>			
Religion: <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"/> Christian: _____ <input type="checkbox"/> Other: _____ <input type="checkbox"/> No Affiliation <i>For choices with blank spaces, please specify.</i>			

Parent/Guardian Information	
<p align="center">Legal Parent/Guardian A</p> <p>Name: _____ <small>First Last</small></p> <p><u>Relationship to Student:</u> <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</p> <p><u>Marital Status:</u> <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</p> <p><u>Employment Status:</u> <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</p> <p>E-mail: _____ Mobile Phone: _____ Home Phone: _____</p>	<p align="center">Parent/Guardian B (Must reside with Legal Parent/Guardian A)</p> <p>Name: _____ <small>First Last</small></p> <p><u>Relationship to Student:</u> <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</p> <p><u>Relationship to Legal Parent/Guardian A:</u> <input type="checkbox"/> Spouse <input type="checkbox"/> Ex-Spouse <input type="checkbox"/> Relative <input type="checkbox"/> Domestic Partner <input type="checkbox"/> Other</p> <p><u>Employment Status:</u> <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</p> <p>E-mail: _____ Mobile Phone: _____</p>
CEF USE ONLY	<input type="checkbox"/> Reviewed <input type="checkbox"/> Data Entered <input type="checkbox"/> Scanned