



Financial Aid Application
Carlsbad Educational Foundation (CEF)
5631 Palmer Way, Suite L, Carlsbad, California 92010
Phone (760) 929-1555 Fax (760) 929-8788

CEF Financial Aid

This form is used for CEF financial aid applications. **Enrollment in financial aid programs is not guaranteed.** CEF will review all applications but has limited funds for financial aid. The assistance given may be partial up to full support per child that qualifies.

Please note: Financial aid **will not** be considered if the application is not complete or if required financial documentation is not submitted with this financial aid Application. *It is not our responsibility to contact you if your application is incomplete.*

Your Name _____ Child's Name _____
Address _____ Parent phone _____
Email _____ Date ___/___/___ School you attend _____

Please check the box that best matches your situation.

I am applying for financial aid for tuition assistance for the following program(s):

CEF Summer Academy

Class Selections: _____

I am seeking financial aid for CEF program tuition because:

- ___ My total family income is less than \$42,000. **For each parent, please attach copy of last pay stub.**
- ___ My personal salary is less than \$30,000 and I do not receive child support or child support payments on time. **Please attach a copy of your last pay stub, other sources of income, and if child support payments are not received on time, please explain circumstances.** _____

- ___ I have recently been laid off work. **Please attach copy of last pay stub and explain circumstances.** _____

- ___ I am a student. **Please attach proof of enrollment in current semester and copy of all sources of income.**
- ___ Other: **Please explain.** _____

Adults living in home (18 years and older):

Name(s):	Relationship(s):	Employed by:
_____	_____	_____
_____	_____	_____
_____	_____	_____

Children living in home:

Name(s):	Relationship(s):	Age(s):
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total Gross Monthly Income – (Please remember to attach financial documentation)

\$ _____ Monthly Wages received from all contributing adults:
(Average of 4 weeks gross income = One week x 4.3)

+ \$ _____ Child support/alimony received

+ \$ _____ SSI/SSDA received

+ \$ _____ Other received Explain: _____

= \$ _____ Total Income Received

- \$ _____ Minus Child support/alimony received **(deduct from Total Income Received)**

= \$ _____ Total Gross Monthly Income

What is your family size? _____

Please supply the following monthly figures for your family’s personal expenses:

\$ _____.	childcare tuition	\$ _____.	food
\$ _____.	rent/mortgage	\$ _____.	credit debt
\$ _____.	gas and electric	\$ _____.	clothing
\$ _____.	telephone	\$ _____.	entertainment
\$ _____.	cable	\$ _____.	car payment
\$ _____.	child support owed	\$ _____.	gas
\$ _____.	college tuition		
\$ _____.	other: explain _____		

The above information is true and accurate as of the date of application. I also agree to notify CEF of any change in income, expenses, or family conditions noted on this application. I understand that providing false information or a failure to notify CEF of substantive changes in the information provided in this application may result in the cancellation of assistance and reimbursement to CEF for all assistance provided. Financial aid recipients will be notified via phone or mail, if approved.

Signature of applicant: _____ Date: _____