

**Tuition Assistance Program (TAP)
Pastor/Principal Recommendation Form**

Information submitted on this form will remain confidential.

Student Information			
First Name:	Middle Initial:	Last Name:	
Grade Level Fall 2018:	CEF TAP Application Type: <input type="checkbox"/> Cycle 1 (Transition to High School) <input type="checkbox"/> Cycle 2/4 (High School) <input type="checkbox"/> Cycle 3 (Elementary) <input type="checkbox"/> SOS <input type="checkbox"/> Designated Program:		

SECTION A
Does this student have any "at-risk" factors or special circumstances that may qualify him/her for the SOS Program? At-risk factors may include: parent(s) deceased or incarcerated; parental drug, substance, or physical abuse; victim of child abuse/neglect/abandonment; victim of bullying. <input type="checkbox"/> YES (Provide a detailed explanation in SECTION C) <input type="checkbox"/> NO

SECTION B
1. Student's Academic Performance Final GPA for 2016-2017 School Year: _____ <input type="checkbox"/> Report Card/Transcript Attached
2. Family's School and Parish Involvement a. <i>Student</i> : Number of service/fundraising hours completed for 2016-2017 school year: _____ b. <i>Parent</i> : Number of service/fundraising hours completed for 2016-2017 school year: _____
3. Student's Enrollment and Tuition a. Number of years this student attended your school: _____ b. What resource(s)/program(s) have allowed this student to attend your school? <input type="checkbox"/> CEF <input type="checkbox"/> Donor/Sponsor <input type="checkbox"/> Full Tuition <input type="checkbox"/> Negotiated Tuition <input type="checkbox"/> Religious Order/Community <input type="checkbox"/> Other Foundation/Organization c. What is the range of monthly tuition paid by the parent of this student? <input type="checkbox"/> \$1-\$100 <input type="checkbox"/> \$101-200 <input type="checkbox"/> \$201-300 <input type="checkbox"/> \$301-400 <input type="checkbox"/> \$401-500 <input type="checkbox"/> \$501-600 <input type="checkbox"/> \$601-700 <input type="checkbox"/> No tuition paid

SECTION C
Please explain the student's need for financial assistance in the space below. Provide detail regarding any at-risk factors and special circumstances this student and/or his/her family may have.

Pastor/Principal Recommendation
This student has my full recommendation for a tuition award from the Catholic Education Foundation.
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%; border-top: 1px solid black; margin-top: 10px;"> Pastor/Principal Signature </div> <div style="width: 35%; border-top: 1px solid black; margin-top: 10px;"> Date </div> </div>