



## Tuition assistance is available for your child.

The Catholic Education Foundation (CEF) partners with schools in the Archdiocese of Kansas City in Kansas to provide need-based scholarships to families who may not otherwise be able to afford Catholic school tuition.

### CEF offers two needs-based scholarship programs :

- **Tuition-Assistance Scholarships** are awarded annually to students in need at qualifying Catholic schools.
- **Tax Credit Scholarships** are available to eligible students through the Kansas Tax Credit for Low Income Students Scholarship Program.

▶ *Flip the page for eligibility requirements.*

Depending on your financial need, you may receive scholarships that cover a large portion of your student's grade school or high school tuition. All of our scholarships are given in partnership with your family's and school's contributions.

### HOW DO I APPLY?

The application process starts at the school. Please contact the principal or enrollment manager at your school of interest to request more information and to see if you qualify for a scholarship through CEF.

### 26 schools in the Archdiocese qualify to offer CEF scholarships.

- Bishop Miege High School, *Roeland Park\**
- Bishop Ward High School, *KCK*
- Christ The King, *KCK*
- Hayden High School, *Topeka*
- Holy Cross, *Overland Park*
- Holy Family School, *Topeka*
- Holy Name of Jesus, *KCK*
- Holy Trinity, *Paola*
- John Paul II, *Overland Park*
- Mater Dei, *Topeka*
- Most Pure Heart of Mary, *Topeka*
- Our Lady of Unity, *KCK*
- Resurrection, *KCK*
- Sacred Heart, *Emporia*
- Sacred Heart, *Ottawa*
- St. Agnes, *Roeland Park\**
- St. Benedict, *Atchison*
- St. Gregory the Great, *Marysville*
- St. John, *Lawrence*
- St. Joseph, *Shawnee\**
- St. Matthew, *Topeka*
- St. Patrick, *KCK*
- St. Paul, *Olathe*
- Sts. Peter and Paul, *Seneca*
- St. Rose Philippine Duchesne, *Garnett*
- Xavier, *Leavenworth*

*\*Tax Credit Scholarships Only*

Contact your school principal to apply and for more information about scholarships available through the Catholic Education Foundation.

## Tuition-Assistance Scholarships

The Catholic Education Foundation provides **Tuition-Assistance Scholarships** to students who meet the eligibility requirements below.

Typically covers 20-60% of tuition.

### ELIGIBILITY

- New and returning students,
- enrolled at a qualifying CEF school, and
- eligible for free or reduced-price meals (see chart below) or with other extraordinary financial need.

### National School Lunch Program Guidelines For school year 2023-24

Household size	Monthly	Yearly
1	\$2,248	\$26,973
2	\$3,041	\$36,482
3	\$3,833	\$45,991
4	\$4,625	\$55,500
5	\$5,418	\$65,009
6	\$6,210	\$74,518
7	\$7,003	\$84,027
8	\$7,795	\$93,536

## Tax Credit Scholarships

The CEF **Tax Credit Scholarship Program** provides financial assistance to new students who meet the eligibility requirements below.

Typically covers 70-85% of tuition.

### ELIGIBILITY

**Qualifications for this scholarship require that a student must be a Kansas resident and:**

- entering Catholic school for the first time,\* and
- eligible for free or reduced-price meals under the National School Lunch Program. (HH Income = 185% of federal poverty guidelines or less.) See the chart on this page.

*\* Students must be entering a Catholic school for the first time as a kindergartner (under the age of 7), or as a transfer student in grades 1-9 who attended a KS public elementary or middle school in the previous school year.*

**Note:** Students who receive a CEF Tax Credit Scholarship remain eligible to renew the scholarship in successive years through high school graduation, dependent upon continuation of the program and the availability of funding.

Eligibility for a Tax Credit Scholarship is determined by KSDE per legislative program guidelines.



## Ready to apply?

**Contact your school of interest** for more information about CEF scholarships and other financial assistance opportunities.

**Not sure which school is closest to you?** For a full list of Archdiocesan Catholic schools with students receiving CEF scholarships, visit [cefks.org/schools](https://cefks.org/schools).



900 S.W. Jackson Street, Suite 102  
 Topeka, Kansas 66612-1212  
 (785) 296-3201  
 www.ksde.org

## TAX CREDIT FOR LOW INCOME STUDENTS SCHOLARSHIP PROGRAM CONSENT FOR RELEASE OF INFORMATION

This form authorizes the State Department of Education to share personally identifiable information with Catholic Education Foundation (scholarship granting organization) in accordance with 2014 Senate Substitute for House Bill 2506 which contains provisions for the Tax Credit for Low Income Student Scholarship Program. Enrollment with a qualified school, should the child qualify for the program and receive a scholarship, would begin \_\_\_\_\_ . (Indicate August or January semester and year)

By signing and dating this Consent for Release of Information form, the child's legal guardian grants consent to the State Department of Education to verify the eligibility of the child to participate in the Tax Credit for Low Income Student Scholarship Program.

This consent will remain in effect until it is revoked in writing by parent/guardian. The parent/guardian signing this form has the right to revoke this consent at any time. **Parents should submit this form to the scholarship granting organization and not to the Kansas Department of Education.**

List only those students that are applying. Submit 1 Consent For Release form per family.

Printed Name of Child	Date of Birth
Printed Name of Child	Date of Birth
Printed Name of Child	Date of Birth
Printed Name of Child	Date of Birth
Printed Name of Child	Date of Birth
Printed Name of Child	Date of Birth
Parent/Guardian Signature	Relationship
Printed Name of Parent/Guardian	Date
Legal Address of the Child	
Parent/Guardian Phone Number	



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## Consent for Disclosure Sharing Information with Other Programs

Dear Parent/Guardian:

**You do not have to sign or send in this form to get reduced price or free Child Nutrition Program benefits for your children. If you do not sign the Consent of Disclosure, it will not affect eligibility for or participation in the Child Nutrition Programs.**

To save you time and effort, information about your children's eligibility for reduced price or free Child Nutrition Program benefits may be shared with other programs for which your children may qualify. For the programs listed below, we must have your permission to share your information.

- No, I DO NOT** want information about my children's eligibility for Child Nutrition Program benefits shared with any of these programs.
- Yes, I DO** want school officials to share information about my children's eligibility for Child Nutrition Program benefits only with the programs I have checked below.
- Tax Credit for Low Income Students Scholarship Program

**List only those students that are applying. Submit 1 Consent for Disclosure form per family.**

If you checked yes to the boxes above, fill out the form below. Your information will be shared only with the program you checked.

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_

For more information, you may call:

KSDE Official's Name: Nicole Norwood Phone: 785-296-2020

**The Scholarship Granting Organization should mail this form to the address below:**

KSDE, Attn: Nicole Norwood, 900 SW Jackson Street Suite 356, Topeka, KS 66612

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](#), (AD-3027) found online at: <https://www.usda.gov/oascr/how-to-file-a-program-discrimination-complaint>, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) Mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) Fax: (202) 690-7442; or (3) Email: [program.intake@usda.gov](mailto:program.intake@usda.gov). This institution is an equal opportunity provider.

## Household Economic Survey

### TAX CREDIT FOR LOW INCOME STUDENTS SCHOLARSHIP PROGRAM

**This form is to verify the income eligibility of a student for the Tax Credit for Low Income Students Scholarship Program.**

There are \_\_\_\_\_ people in my household, including all children and adults.

The total annual income for all people in the household **before any deductions** for taxes, insurance, medical expenses, child support, etc. is \_\_\_\_\_ per year.

**List all students in the household. Submit 1 Household Economic Survey form per family.**

Student Name	School	Grade	Date of Birth

Additional students are listed on the back of this page.

***I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will receive federal and state funding based on the information provided. I understand that school officials may verify (check) the information.***

\_\_\_\_\_  
Signature of Parent or Guardian                      Date                      Phone

For School Use Only:     Free             Reduced             Not Eligible

Student eligible for program based on income:    YES    NO