



JCYC College Access Programs:  
**2019-2020 JCYC San Francisco College Access Center (SFCAC) and Educational Talent Search (ETS) Application**  
 1596 Post Street, San Francisco, CA 94109. Tel: 415-921-5537

**OUR MISSION:** JCYC San Francisco College Access Center (SFCAC) is a community-based Cal-SOAP program funded by the California Student Aid Commission (CSAC) since 2000. Our purpose is to identify, select, and assist low-income youth who have the potential to be the first generation in their family to continue in and graduate from high school and enroll in a 2 or 4-year college.

Office Use Only					
LI/FG	LI	FG	Other	R	N
Approved by: _____					
Date: _____					
HO#: _____					

Please **complete** this form in **black/blue pen** in order to participate in our **FREE** programs. All information is **CONFIDENTIAL**.

Student Last Name \_\_\_\_\_ Student First Name \_\_\_\_\_ M.I. \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email \_\_\_\_\_  
 Gender:  Male  Female  Declined to state Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ HS Graduation Yr \_\_\_\_\_ Grade Level \_\_\_\_\_  
Month / Date / Year

### STUDENT INFORMATION

**1. Ethnic Background (check all that apply):**  
 African American  
 American Indian/Alaska Native  
 Asian → Please Specify: \_\_\_\_\_  
 Filipino  
 Hispanic/Latino  
 Pacific Islander  
 White  
 Other \_\_\_\_\_

**2. School you attend:** \_\_\_\_\_  
 Homeroom: \_\_\_\_\_  
 Are you enrolled in ELD classes?  Yes  No

**3. Do you live with:**  
 Both Parents  Guardian  
 One Parent  Foster Parent(s)  
 Other → Please Specify: \_\_\_\_\_

**4. Language(s) spoken in your home:**  
 English only  
 English and/or other language(s)  
 → Please Specify: \_\_\_\_\_  
 Language other than English only  
 → Please Specify: \_\_\_\_\_

**5. Number of people living in your home:**  
 (Including yourself) \_\_\_\_\_

**Statement of Intent to Participate:** I wish to enroll in and participate in the activities sponsored by JCYC College Access Programs. Prior to receiving services, I will provide the staff with all requested information and documentation to verify my eligibility for services as required by the CA Student Aid Commission (CSAC) and U.S. Department of Education (USDE).

\_\_\_\_\_  
 Student Signature Date

### PARENT/GUARDIAN INFORMATION

#### EDUCATION INFORMATION

**6. What is the highest level of education completed in the U.S.?**

	Elementary or Middle School	High School	2-year College	4-year College	School Outside of the U.S.	Unknown /Other (Please specify)
Mother / Parent 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Father / Parent 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Guardian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

#### FINANCIAL INFORMATION

**7. Do you or your child receive (check all that apply):**  
 School Lunch Program →  Free OR  Reduced  
 Cal-WORKS (AFDC, TANF)  Social Security  
 Food Stamps  Subsidized Housing  
 General Assistance  Medi-Cal

**8. Parent's/Legal Guardian's Total TAXABLE Income:**  
**\*\* Note: Taxable income is NOT adjusted gross income**  
 \$37,600 or less  \$48,501 - \$53,900  
 \$37,601 - \$43,000  \$53,901 - \$60,300  
 \$43,001 - \$48,500  \$60,301 - \$65,100  
 \$65,101 or more

This income supported \_\_\_\_\_ number of people.  
 (Include all people who were supported by this income)

To verify the income above, please submit **one** of the two documents with this application:  
 1) **Signed copy** of last year's tax return (1040 or 1040A, **first 2 pages**); or  
 2) Copy of Social Services Income Documentation (see #7 above).

**Acknowledgement of Intent to Participate:** I understand that JCYC College Access Programs are required by CSAC and/or USDE to request the information above to provide services to participants. In signing this form, I release all school information concerning the academic progress, eligibility and needs of the student to JCYC. I give my consent for the program to contact my child/student by phone, text and virtual media. The information on this form is accurate. I acknowledge and support the student's participation in JCYC's program and confirm that my student is eligible to receive services as required by the CA Student Aid Commission (CSAC) and US Department of Education (USDE). Eligibility requirements can be found on our website at [jcyccollegeaccess.org](http://jcyccollegeaccess.org).

**Photo Release:** Unless stated in writing to JCYC, I release images, photos, and video of the student to be used for program and agency information through promotion including but not limited to websites, newsletters, brochures, displays, and other promotional materials. JCYC regrets that it cannot offer financial compensation for use of these photos, videos, and images.

\_\_\_\_\_  
 Parent/Legal Guardian Name (print)

\_\_\_\_\_  
 Parent/Legal Guardian Signature Date