



JCYC College Access Programs:  
**2020-2021 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**

- Ethnic Background (check all that apply):**
  - African American
  - American Indian/Alaska Native
  - Asian → Please Specify: \_\_\_\_\_
  - Filipino
  - Hispanic/Latino
  - Pacific Islander
  - White
  - Other \_\_\_\_\_
- School you attend:** \_\_\_\_\_  
 Homeroom: \_\_\_\_\_  
 Are you enrolled in ELD classes?  Yes  No
- Do you live with:**
  - Both Parents  Guardian
  - One Parent  Foster Parent(s)
  - Other → Please Specify: \_\_\_\_\_
- Language(s) spoken in your home:**
  - English only
  - English and/or other language(s)  
 → Please Specify: \_\_\_\_\_
  - Language other than English only  
 → Please Specify: \_\_\_\_\_
- 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**

- 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**
  - \$39,000 or less  \$50,301 - \$56,000
  - \$39,001 - \$44,700  \$56,001 - \$62,600
  - \$44,701 - \$50,300  \$62,601 - \$67,600
  - \$67,601 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



**JCYC College Access Programs:**  
 JCYC San Francisco College Access Center (SFCAC)  
 and Educational Talent Search (ETS)  
**2020-2021 Middle School Needs Assessment**



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Printed Name (*Last, First*) \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

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

\_\_\_\_\_ Date

*Feel free to check off as many boxes as you like!*

**EDUCATIONAL INFORMATION**

- Which high school(s) are you interested in attending? Balboa    Burton    Galileo    Lincoln    Lowell  
 Marshall    Mission    John O'Connell    School of the Arts    Wallenberg    Washington  
 Other: \_\_\_\_\_
- What careers/jobs are you interested in? Artist (singer/dancer/designer, etc.)    Business    Computers  
 Doctor/Nurse/Veterinarian    Education/Teaching    Fire Fighter    Engineer    Police Officer    Politician  
 Sports    Writer    Other: \_\_\_\_\_
- Are you interested in attending college?    Yes    No    I don't know yet
- How did you learn about ETS/SFCAC?    Presentation    Teacher    Counselor    Friend    School Announcement  
 Other, specify \_\_\_\_\_

**WHAT SERVICES DO I NEED THIS YEAR?**

<b><u>I am in 6<sup>th</sup> Grade, and I need:</u></b>	<b><u>I am in 7<sup>th</sup> Grade, and I need:</u></b>	<b><u>I am in 8<sup>th</sup> Grade, and I need:</u></b>
<p><b>Tutoring:</b> One-on-one tutoring, lunch time and/or after school</p> <p><b>Study Skills:</b> Preparing for and studying for tests</p> <p><b>Field Trips:</b> Connecting what I learn in the classroom to the real world</p>	<p><b>Tutoring:</b> One-on-one tutoring, lunch time and/or after school</p> <p><b>Career Day:</b> Hear about different types of careers from speakers</p> <p><b>Career Exploration Workshop:</b> Learn about careers that fit your interests by taking a quiz on the computer</p> <p><b>Educational Trips:</b> Visit science museums, art or cultural centers to learn what I learn in the classroom to the real world</p>	<p><b>Tutoring:</b> One-on-one tutoring, lunch time and/or after school</p> <p><b>College Field Trips:</b> Visit a college campus and learn about college life</p> <p><b>High School Enrollment:</b> Choosing and applying to high school</p> <p><b>High School Visit:</b> Preparing for high school</p> <p><b>High School Advising:</b> Receive one-on-one advising about different high schools</p>

**EDUCATIONAL PLANS: TO DO WELL IN SCHOOL, I WILL:**

Receive educational advising	Attend educational or college field trips	Apply to high school
Sign-up for tutoring	Attend Career Day	Participate in high school visits
Improve my study skills	Take a computer quiz to learn about my career interests	Graduate from middle school and attend high school