



JCYC College Access Programs:

2021-2022 JCYC San Francisco College Access Center (SFCAC) and Educational Talent Search (ETS) Application

1710 Octavia Street (2nd Floor), 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: _____

State ID#: _____

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**

- ☐ \$40,500 or less ☐ \$52,201 - \$58,100
☐ \$40,501 - \$46,300 ☐ \$58,101 - \$65,000
☐ \$46,301 - \$52,200 ☐ \$65,001 - \$70,100
☐ \$70,101 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.

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)
2021-2022 High School Needs Assessment



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Printed Name (Last, First) _____ **School** _____ **Grade** _____

Date of Birth: ____/____/____ **Email Address** _____
Month / Date / Year

I attest to the accuracy of the information in this sheet. I realize that I need to meet at least twice per school year with my High School Educational Advisor in order to benefit from the program services.

Student Signature

Date

PART 1: EDUCATIONAL GOAL

Which goal best describes your present plan after graduating from high school? (please check one):

- | | |
|--|--|
| <input type="checkbox"/> To attend a community college & earn an AA/AS Degree | <input type="checkbox"/> To complete a technical/vocational program |
| <input type="checkbox"/> To attend community college & transfer to a 4-year university | <input type="checkbox"/> To work full-time |
| <input type="checkbox"/> To attend a 4-year college & earn a BA/BS Degree | <input type="checkbox"/> To enter the military service <input type="checkbox"/> Undecided |

PART 2: DUAL ENROLLMENT (Enrolled in High School and College Classes at the same time)

Have you ever been dually-enrolled? ☐ Yes ☐ No

PART 3: STUDENT NEEDS ASSESSMENT

Please check the services you feel that you need (check all that apply):

- | | | |
|---|--|--|
| <input type="checkbox"/> College Admissions Advising | <input type="checkbox"/> Financial Aid Advising | <input type="checkbox"/> College Campus Visit |
| <input type="checkbox"/> Career Exploration | <input type="checkbox"/> Entrance Exam Information (SAT/ACT) | <input type="checkbox"/> Scholarship Information |
| <input type="checkbox"/> Leadership Development Workshops | <input type="checkbox"/> SAT/ACT Preparation Workshop | <input type="checkbox"/> Essay Writing Skills |

PART 4: COLLEGE SURVEY

1) Name 2 majors/careers you would be interested in: a) _____ b) _____

2) What colleges would you be interested in applying to? (Check all that apply):

- ☐ UC: ☐ Berkeley ☐ Davis ☐ Irvine ☐ LA ☐ Merced ☐ Riverside ☐ Santa Barbara ☐ Santa Cruz ☐ San Diego
- ☐ CSU: ☐ SFSU ☐ SJSU ☐ East Bay ☐ Sacramento ☐ Cal Poly SLO ☐ San Diego ☐ Sonoma
- ☐ CCC: ☐ City College of SF ☐ College of San Mateo ☐ Skyline College ☐ College of Marin ☐ Laney College
- ☐ Private: ☐ USF ☐ University of the Pacific ☐ Santa Clara University ☐ Dominican University
- ☐ St. Mary's College ☐ Notre Dame de Namur University
- ☐ Historically Black Colleges & Universities (HBCU's): ☐ Howard ☐ Spelman ☐ Hampton ☐ Morehouse ☐ Xavier
- ☐ Other Colleges: a) _____ b) _____ c) _____

3) How did you learn about ETS/SFCAC? ☐ Presentation ☐ Teacher ☐ Counselor ☐ Friend ☐ Parent

☐ School Announcement ☐ Other, specify _____