



JCYC College Access Programs:
**2019-2020 JCYC Educational Talent Search (ETS)
 and San Francisco College Access Center (SFCAC) Application**

1596 Post Street, San Francisco, CA 94109. Tel: 415-921-5537

OUR MISSION: JCYC ETS is a community-based Educational Talent Search program funded by the U.S.D.E. since 1979. Our purpose is to identify, select, and assist low-income youth ages 11 and older who have the potential to be the first generation in their family to continue in and graduate from high school and enroll in a 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. Social Security #: _____

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

3. School you attend: _____
 Homeroom: _____
 Are you enrolled in ELD classes? Yes No

4. Do you live with:
 Both Parents Guardian
 One Parent Foster Parent(s)
 Other → Please Specify: _____

5. Language(s) spoken in your home:
 English only
 English and/or other language(s)
 → Please Specify: _____
 Language other than English only
 → Please Specify: _____

6. 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

7. What is the 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

8. 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

9. Parent's/Legal Guardian's Total **TAXABLE** Income:
**** Note: Taxable income is NOT adjusted gross income**

<input type="checkbox"/> \$19,140 or less	<input type="checkbox"/> \$39,301 - \$46,020
<input type="checkbox"/> \$19,141 - \$25,860	<input type="checkbox"/> \$46,021 - \$52,740
<input type="checkbox"/> \$25,861 - \$32,580	<input type="checkbox"/> \$52,741 - \$59,460
<input type="checkbox"/> \$32,581 - \$39,300	<input type="checkbox"/> \$59,461 - \$66,180
	<input type="checkbox"/> \$66,181 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 #8 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. 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.

Yes, I give consent No, I do not give consent

 Parent/Legal Guardian Name (print)

 Parent/Legal Guardian Signature _____ Date _____

