

JCYC College Access Programs:
**2017-2018 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.

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

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

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

STUDENT INFORMATION

- School ID/HO #: _____
 - Residency Status (will be kept confidential):
 US Citizen
 Permanent Resident: _____
Green Card # (Required)
 - 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

8. 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

9. 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

10. Parent's/Legal Guardian's Total **TAXABLE** Income:

- ** Note: Taxable income is **NOT** adjusted gross income
 – (Check line 43 on **Form 1040** or line 27 on **Form 1040A**)
- | | |
|--|--|
| <input type="checkbox"/> \$18,090 or less | <input type="checkbox"/> \$36,901 - \$43,170 |
| <input type="checkbox"/> \$18,091 - \$24,360 | <input type="checkbox"/> \$43,171 - \$49,440 |
| <input type="checkbox"/> \$24,361 - \$30,630 | <input type="checkbox"/> \$49,441 - \$55,710 |
| <input type="checkbox"/> \$30,631 - \$36,900 | <input type="checkbox"/> \$55,711 - \$61,980 |
| | <input type="checkbox"/> \$61,981 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 #9 above).

Acknowledgement of Intent to Participate: I understand that JCYC College Access Programs are required by CA Student Aid Commission and/or U.S. Department of Education to request above information to provide services to participants. By signing this form, I give my consent to disclose all school information concerning the academic progress, eligibility and needs of the student to JCYC. I also give my consent for the National Student Clearinghouse and my college of attendance to disclose my college enrollment status and degree attainment data to JCYC College Access Programs staff for the purpose of tracking my college enrollment and completion. The information on this form is accurate.

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

 Parent/Legal Guardian Name (print)

 Parent/Legal Guardian Signature Date



JCYC College Access Programs
Educational Talent Search (ETS) &
San Francisco College Access Center (SFCAC)



2017-2018 Student Needs Assessment – Middle School

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

Student Signature

Date

Feel free to check off as many boxes as you need/like!

EDUCATIONAL INFORMATION

1. Which high school(s) are you interested in attending? Balboa Burton Galileo Lincoln
 Lowell Marshall Mission O'Connell School of the Arts Wallenberg Washington
 Other: _____
2. 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: _____
3. Are you interested in attending college? Yes No I don't know yet
4. How did you learn about ETS/SFCAC? Presentation Teacher Counselor Friend School
Announcement Other, specify _____

WHAT SERVICES DO I NEED THIS YEAR?

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

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

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