

JCYC College Access Programs:

**San Francisco College Access Center (SFCAC) and  
JCYC Educational Talent Search (ETS) Application 2017-2018**

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. SFCAC is a community based California Student Opportunity program funded by the California Student Aid Commission. 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**

**1. Residency Status (will be kept confidential):**

- US Citizen
- Permanent Resident
- Other

**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  
 → (Check line 43 on **Form 1040** or line 27 on **Form 1040A**)
- \$41,500 or less  \$58,201- \$62,800
  - \$41,501 - \$46,700  \$62,801 or more
  - \$46,701 - \$52,000
  - \$52,001 - \$58,200

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



**2017-2018 Student Needs Assessment – High School**

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

Social Security Number \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Month / Date / Year

Email Address \_\_\_\_\_

*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

**EDUCATIONAL GOAL**

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

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

**STUDENT NEEDS ASSESSMENT**

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

- College Admissions Advising
- Financial Aid Advising
- College Campus Visit
- Career Exploration
- Entrance Exam Information (SAT/ACT)
- Scholarship Information
- Leadership Development Workshops
- SAT/ACT Preparation Workshop
- Essay Writing Skills

**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

**CC:**  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

**Other:** a) \_\_\_\_\_ b) \_\_\_\_\_ c) \_\_\_\_\_

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

School Announcement  Other, specify \_\_\_\_\_