



**JCYC College Access Programs:
2018-2019 JCYC San Francisco College Access Center (SFCAC)**

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 DB

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 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 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
→ (Check line 43 on **Form 1040** or line 27 on **Form 1040A**)

- \$43,000 or less \$53,901 - \$60,300
- \$43,001 - \$48,500 \$60,301 - \$65,100
- \$48,501 - \$53,900 \$65,101 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 #9 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.

Parent/Legal Guardian Name (print)

Parent/Legal Guardian Signature Date



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



2018-2019 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 quiz on the computer <input type="checkbox"/> Educational Trips: Visit science museums, art or cultural centers to learn what 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 |