JCYC College Access Programs:

2022-2023 JCYC Educational Talent Search (ETS)
and San Francisco College Access Center (SFCAC) Application

1710 Octavia Street (2nd Floor), San Francisco, CA 94109. Tel: 415-921-5537

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

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**.*

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:_____
a) 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 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	☐	☐	☐	☐	☐	
Father / Parent 2	☐	☐	☐	☐	☐	
Guardian	☐	☐	☐	☐	☐	

FINANCIAL INFORMATION

8. Do you or your child receive (check all that apply):
- ☐ School Lunch Program → ☐ Free **OR** ☐ Reduced
- ☐ Cal-WORKS *(AFDC, TANF)*
- ☐ Food Stamps
- ☐ General Assistance
- ☐ Social Security
- ☐ Subsidized Housing
- ☐ Medi-Cal

9. Parent's/Legal Guardian's Total *TAXABLE* Income:
**** Note: Taxable income is NOT adjusted gross income**
- ☐ $20,385 or less
- ☐ $20,386 - $27,465
- ☐ $27,466 - $34,545
- ☐ $34,546 - $41,625
- ☐ $41,626 - $48,705
- ☐ $48,706 - $55,785
- ☐ $55,786 - $62,865
- ☐ $62,686 - $69,945
- ☐ $69,946 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 is required by the CA Student Aid Commission (CSAC) and the U.S. Department of Education (USDE) to request the information above to provide services to participants. In signing this form, I release all school information about the academic progress, eligibility, and needs of the student to JCYC. I give my consent for JCYC to contact my child by phone, text, and virtual media. I confirm that the information on this form is accurate and my child is eligible to receive services provided by CSAC & USDE.

Photo Release: Unless stated in writing to JCYC, I release images, photos, and videos of the student to be used for program and agency information through promotion tools (websites, newsletters, brochures, and other promotional materials).

_____
Parent/Legal Guardian Name (print)

_____ _____
Parent/Legal Guardian Signature **Date**

JCYC College Access Programs:

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High School Needs Assessment

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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

PART 1: 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 attend community college & transfer to a 4-year university
☐ To attend a 4-year college & earn a BA/BS Degree
☐ To complete a technical/vocational program
☐ To work full-time
☐ To enter the military service
☐ 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):

☐ College Admissions Advising
☐ Career Exploration
☐ Leadership Development Workshops
☐ Financial Aid Advising
☐ Entrance Exam Information (SAT/ACT)
☐ SAT/ACT Preparation Workshop
☐ College Campus Visit
☐ Scholarship Information
☐ 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 _____