



Gold Center for Youth & Family  
 Jewish Community Center of San Francisco  
 3200 California Street • San Francisco, CA 94118  
 jccsf.org • 415.292.1200

# FINANCIAL AID APPLICATION: YOUTH PROGRAMS

**In order for this application to be reviewed, you must be registered in the class(es) or program(s) for each child for whom you are applying for financial assistance and the following items must be provided:**

- Copy of your most recent W-2 Form
- and**
- Copy of your most recent Federal Income Tax Return (First 2 Pages)
- or**
- Copy of your most recent SSI, Social Security or Unemployment Statement if you did not file taxes

## FINANCIAL AID REQUEST

JCCSF class(es)/programs your child is enrolling in \_\_\_\_\_

Total class/program fees for which you are seeking financial assistance \$ \_\_\_\_\_

How much of the total fee can you afford to pay? \_\_\_\_\_

Has your family previously applied for or received financial assistance from the JCCSF?  Yes  No

If so, for which family member, program(s) and which year(s)? \_\_\_\_\_

Please explain why you are applying for financial assistance. \_\_\_\_\_

## CHILD 1 INFORMATION

Child's Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Child's School \_\_\_\_\_ Grade \_\_\_\_\_

## CHILD 2 INFORMATION

Child's Name (if more than 1 requesting for aid) \_\_\_\_\_ Birth Date \_\_\_\_\_

Child's School \_\_\_\_\_ Grade \_\_\_\_\_

## PARENT/GUARDIAN 1 INFORMATION

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

Primary Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_

Employer \_\_\_\_\_ Years with Employer \_\_\_\_\_

Job Title \_\_\_\_\_ Monthly Income \$  Full-Time  Part-Time

## PARENT/GUARDIAN 2 INFORMATION

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

Primary Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_

Employer \_\_\_\_\_ Years with Employer \_\_\_\_\_

Job Title \_\_\_\_\_ Monthly Income \$  Full-Time  Part-Time



**FAMILY'S FINANCIAL INFORMATION**

Annual Income	Last Year	Estimated Current Year
Parent/Guardian 1 Gross Wages/Salary/Business Income:	\$ _____	\$ _____
Parent/Guardian 2 Gross Wages/Salary/Business Income:	\$ _____	\$ _____
Dividend and Interest Income:	\$ _____	\$ _____
Spousal/Child/Family Support:	\$ _____	\$ _____
Governmental Assistance:	\$ _____	\$ _____
Type (AFDC, SSI, Disability, Other):	\$ _____	\$ _____
<b>Total Income (sum of above):</b>	<b>\$ _____</b>	<b>\$ _____</b>

Do you own or rent your primary residence?    Rent    Own   Monthly Rent/House Payment \$ \_\_\_\_\_

Vehicle #1 Year, Make and Model \_\_\_\_\_

Year Purchased/Leased \_\_\_\_\_ Purchase Price \$ \_\_\_\_\_ Monthly Payment \$ \_\_\_\_\_

Vehicle #2 Year, Make and Model \_\_\_\_\_

Year Purchased/Leased \_\_\_\_\_ Purchase Price \$ \_\_\_\_\_ Monthly Payment \$ \_\_\_\_\_

**EDUCATIONAL EXPENSES** List all education expenses for all members of the household for the upcoming school year (including day care, private school and college).

1. Name \_\_\_\_\_ Grade \_\_\_\_\_  
 School \_\_\_\_\_ Monthly Tuition \_\_\_\_\_

Do you receive financial assistance?    Yes    No   Total financial assistance amount receiving \$ \_\_\_\_\_

2. Name \_\_\_\_\_ Grade \_\_\_\_\_  
 School \_\_\_\_\_ Monthly Tuition \_\_\_\_\_

Do you receive financial assistance?    Yes    No   Total financial assistance amount receiving \$ \_\_\_\_\_

Is there any other information that you would like the jccsf financial aid committee to know in considering your application for financial assistance?  
 \_\_\_\_\_

(you may attach additional documents, if needed)

- Did you remember to:**  
 attach a copy of your most recent W-2 Form?  
**and**  
 attach a copy of your most recent Federal Income Tax Return (First 2 Pages)?  
**or**  
 attach a copy of your most recent SSI, Social Security or Unemployment Statement if you did not file taxes?

**CERTIFICATION**

I declare that the information reported on this form is true, correct and complete. The JCCSF has permission to verify the information reported above. I have attached the requested documents listed above.

Parent's/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Return completed application to:** JCCSF Financial Aid Administrator, 3200 California Street, San Francisco, CA 94118 or email to financialaid@jccsf.org. If you have questions about this form or the application process, email financialaid@jccsf.org or call 415.276.1511.