



PLEASE NOTE: Adults applying for financial assistance for JCCSF adult classes and programs must complete a new Financial Aid Application for each class and/or program for which aid is requested. Financial assistance does not apply to private or semi-private swim lessons.

In order for the application to be reviewed, you must first register for the class(es) or program(s) for which you are applying for 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

PERSONAL INFORMATION

JCCSF Membership Information: Fitness Center Member Community Member Non-Member

Name _____ Age _____

Home Address _____

City _____ State _____ Zip _____

Email _____

Primary Phone _____ Secondary Phone _____

Employer _____ Years with Employer _____

Job Title _____ Full-Time Part-Time

FINANCIAL AID REQUEST

Program Name _____

Program Day _____ Program Time _____ Program Fee \$ _____

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

Have you previously received financial assistance from the JCCSF? Yes No

If so, please provide program name, year and amount of assistance _____

PERSONAL FINANCIAL INFORMATION

Tax Return Filing: Single Married Head of Household Did Not File

Current Year Annual Income

Individual 1: Gross Wages/Salary/Business Income \$ _____

Individual 2: Gross Wages/Salary/Business Income \$ _____

Dividend and Interest Income \$ _____

Spousal/Child/Family Support \$ _____

Government Assistance \$ _____

Type of Assistance (i.e AFDC, SSI, Disability, SNAP, Other) _____

Total Annual Income (Sum of Above) \$ _____



PERSONAL FINANCIAL INFORMATION (CONT.)

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 \$ _____

STATEMENT OF NEED

An explanation of your financial circumstances is a mandatory part of this application for financial assistance.

Describe any changes in your economic circumstances over the past year that support your request for financial assistance. Include known events that will impact you. If you lost your job or work hours were reduced, please indicate the date and the estimated cost of this change. *If more space is needed, attach a separate page with your name at the top.*

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.

Signature _____ Date _____

The JCCSF reserves the right to request additional financial information prior to granting a financial aid award.

Return the completed application and all attachments:

By mail to:

JCCSF Financial Aid Administrator

3200 California Street

San Francisco, CA 94118

or

Email to: financialaid@jccsf.org

If you have any questions about the financial assistance application process, please email financialaid@jccsf.org.