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

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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):	$	$
Total Income (sum of above):	$	$

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

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.