

Financial Aid Application – Youth Sports, Recreation, Aquatics, Enrichment and Teen Programs

PLEASE NOTE: Families applying for financial assistance for JCCSF youth sports, recreation, aquatics, enrichment and teen 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.

NAME OF CHILD #1	AGE	DATE OF BIRTH
SCHOOL	GRADE	
JCCSF CLASS(ES) / PROGRAM(S) YOUR CHILD IS ENROLLING IN		
NAME OF CHILD #2	AGE	DATE OF BIRTH
SCHOOL	GRADE	
JCCSF CLASS(ES) / PROGRAM(S) 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. _____

NAME OF PARENT / GUARDIAN #1		RELATIONSHIP TO CHILD	
ADDRESS	CITY	STATE	ZIP
HOME PHONE	CELL PHONE	EMAIL	
EMPLOYER		YEARS WITH EMPLOYER	
OCCUPATION		POSITION	
<input type="checkbox"/> FULL-TIME	<input type="checkbox"/> PART-TIME	HRS. / WEEK _____	MONTHLY INCOME \$ _____
NAME OF PARENT / GUARDIAN #2		RELATIONSHIP TO CHILD	
ADDRESS	CITY	STATE	ZIP
HOME PHONE	CELL PHONE	EMAIL	
EMPLOYER		YEARS WITH EMPLOYER	
OCCUPATION		POSITION	
<input type="checkbox"/> FULL-TIME	<input type="checkbox"/> PART-TIME	HRS. / WEEK _____	MONTHLY INCOME \$ _____

Financial Aid Application – Youth Sports, Recreation, Aquatics, Enrichment and Teen Programs (continued)

CHILD(REN) LIVE WITH: PARENT / GUARDIAN #1 PARENT / GUARDIAN #2 BOTH PARENTS (SEPARATE HOUSEHOLDS) BOTH PARENTS (SAME HOUSEHOLD)

IF PARENTS DO NOT LIVE TOGETHER, PLEASE INDICATE PARENT’S RELATIONSHIP TO EACH OTHER: SEPARATED DIVORCED NEVER MARRIED

DID YOU FILE TAXES IN THE MOST RECENT CALENDAR YEAR? YES NO NUMBER OF DEPENDENTS _____

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 MAKE AND MODEL _____ YEAR _____

YEAR PURCHASED / LEASED _____ PURCHASE PRICE \$ _____ MONTHLY PAYMENT \$ _____

VEHICLE #2 MAKE AND MODEL _____ YEAR _____

YEAR PURCHASED / LEASED _____ PURCHASE PRICE \$ _____ MONTHLY PAYMENT \$ _____

EDUCATIONAL EXPENSES Please list current educational expenses for all household members.

1. NAME _____ AGE _____

SCHOOL _____ MONTHLY TUITION _____

DO YOU RECEIVE FINANCIAL ASSISTANCE? YES NO AMOUNT \$ _____

2. NAME _____ AGE _____

SCHOOL _____ MONTHLY TUITION _____

DO YOU RECEIVE FINANCIAL ASSISTANCE? YES NO AMOUNT \$ _____

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.)

CERTIFICATION I / we declare that the information reported on this form is true, correct and complete. The JCCSF has permission to verify the information reported above.

SIGNATURE OF PARENT / GUARDIAN _____ DATE _____

Return completed application to: JCCSF Financial Aid Administrator, 3200 California Street, San Francisco, CA 94118
If you have questions about this form or the application process, please call 415.292.1216 or email financialaid@jccsf.org.