

# Virginia Scatena Memorial Fund

Applications Due in the UESF office at 5:00 p.m. on Thursday, November 7, 2013

Name of Applicant: \_\_\_\_\_  
Address/city: \_\_\_\_\_ zip: \_\_\_\_\_  
Phone #: \_\_\_\_\_ SS# \_\_\_\_\_  
Years in San Francisco School District: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Position held: \_\_\_\_\_  
School of current or last assignment: \_\_\_\_\_  
Age: \_\_\_\_\_ Marital Status: \_\_\_\_\_ SFUSD ID# \_\_\_\_\_

## Financial Status / Assets: (Please state amounts)

Savings: \_\_\_\_\_ Bonds: \_\_\_\_\_  
Real Estate: \_\_\_\_\_ Stocks: \_\_\_\_\_  
Checking: \_\_\_\_\_ Miscellaneous: \_\_\_\_\_  
\_\_\_\_\_

## Liabilities: (Please state amounts)

Notes: \_\_\_\_\_ Charge Accounts: \_\_\_\_\_  
Mortgages: \_\_\_\_\_ \_\_\_\_\_  
Other: \_\_\_\_\_

**PLEASE COMPLETE THE REVERSE OF THIS FORM (Please include copies of pages 1 and 2 of your most current IRS 1040 tax form for verification)**

Total Monthly Income (from reverse) \$ \_\_\_\_\_

Total Monthly Expense (from reverse) \$ \_\_\_\_\_

I certify that the above statement is true and complete to the best of my ability and I have not omitted any assets, nor have I excluded any sources of income from this statement.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

*The Committee will keep all information on the application strictly confidential.*

I. MONTHLY INCOME:

- 1. Monthly Wage \$ \_\_\_\_\_
- 2. STRS/City Pension \$ \_\_\_\_\_
- 3. Other Pension \$ \_\_\_\_\_
- 4. STRS Supplemental \$ \_\_\_\_\_
- 5. Social Security \$ \_\_\_\_\_
- 6. Disability Income \$ \_\_\_\_\_
- 7. Investments \$ \_\_\_\_\_
- 8. Spouse/partner household income \$ \_\_\_\_\_
- 9. Other (please specify) \$ \_\_\_\_\_

Monthly Total \$ \_\_\_\_\_

II. MONTHLY EXPENSES:

- 1. Rent / Mortgage \$ \_\_\_\_\_
- 2. Property Taxes \$ \_\_\_\_\_
- 3. Utilities \$ \_\_\_\_\_
- 4. Telephone/cell/internet/cable \$ \_\_\_\_\_
- 5. Medical } Out of pocket \$ \_\_\_\_\_
- 6. Dental } \$ \_\_\_\_\_
- 7. All insurance (including medical & dental) \$ \_\_\_\_\_
- 8. Food \$ \_\_\_\_\_
- 9. Transportation \$ \_\_\_\_\_
- 10. Other (please specify) \$ \_\_\_\_\_

Monthly Total \$ \_\_\_\_\_

III. BRIEF STATEMENT OF NEED:

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**Mail application to:**

**Scatena Memorial Fund c/o UESF, 2310 Mason St., San Francisco, CA 94133**