

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



*Jewish Community Center of San Francisco  
Gold Center for Youth & Family, Kritzer/Ross Émigré Program, Koret Center for Health, Fitness & Sport*

Awards are valid for twelve months. Families who are granted awards for youth sports, recreation, aquatics or enrichment classes will receive equivalent awards for other such programs in which they enroll for the 12 month period. Families who receive financial aid for ECE, HYC or summer camp within the last twelve months may not need to complete this form – they may request that their award amount be considered for classes.

Financial assistance does not apply to private or semi-private swim lessons.

Families requesting financial aid for HYC, ECE, Camp or Sports Teams must complete the appropriate financial aid application.

CHILD #1 NAME OF CHILD \_\_\_\_\_ AGE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_

JCCSF CLASS(ES)/PROGRAM(S) YOUR CHILD IS ENROLLING IN \_\_\_\_\_

CHILD #2 NAME OF CHILD \_\_\_\_\_ 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 members, program(s) and which year(s)?

\_\_\_\_\_

Please explain why you are applying for financial assistance:

\_\_\_\_\_

PARENT/GUARDIAN #1 \_\_\_\_\_ RELIGIOUS AFFILIATION:  JEWISH  OTHER

NAME \_\_\_\_\_ RELATIONSHIP TO CHILD \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_ CELL \_\_\_\_\_

EMPLOYER \_\_\_\_\_ YEARS WITH EMPLOYER \_\_\_\_\_

OCCUPATION \_\_\_\_\_ POSITION \_\_\_\_\_

FULL-TIME  PART-TIME HRS./WEEK \_\_\_\_\_ ANNUAL SALARY \$ \_\_\_\_\_

PARENT/GUARDIAN #2 \_\_\_\_\_ RELIGIOUS AFFILIATION:  JEWISH  OTHER

NAME \_\_\_\_\_ RELATIONSHIP TO CHILD \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

\_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_ CELL \_\_\_\_\_

EMPLOYER \_\_\_\_\_ YEARS WITH EMPLOYER \_\_\_\_\_

OCCUPATION \_\_\_\_\_ POSITION \_\_\_\_\_

*(continues on reverse)*

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



FULL-TIME    PART-TIME   HRS./WEEK \_\_\_\_\_ ANNUAL SALARY \$ \_\_\_\_\_

IF PARENTS DO NOT LIVE TOGETHER, CHILD(REN) LIVE WITH:    PARENT #1    PARENT #2    BOTH PARENTS

IF PARENTS DO NOT LIVE TOGETHER, PLEASE INDICATE PARENT'S RELATIONSHIP TO EACH OTHER: \_\_\_\_\_

SEPARATED (DATE): \_\_\_\_\_    DIVORCED (DATE): \_\_\_\_\_    NEVER MARRIED

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, ETC):	_____	
TOTAL INCOME:	\$ _____	\$ _____

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

1. NAME \_\_\_\_\_ AGE \_\_\_\_\_

SCHOOL \_\_\_\_\_ ANNUAL TUITION/FEES \_\_\_\_\_

DO YOU RECEIVE FINANCIAL ASSISTANCE:    YES    NO   AMOUNT \$ \_\_\_\_\_

2. NAME \_\_\_\_\_ AGE \_\_\_\_\_

SCHOOL \_\_\_\_\_ ANNUAL TUITION/FEES \_\_\_\_\_

DO YOU RECEIVE FINANCIAL ASSISTANCE:    YES    NO   AMOUNT \$ \_\_\_\_\_

DO YOU OWN OR RENT YOUR PRIMARY RESIDENCE?    RENT    OWN   MONTHLY RENT/HOUSE PAYMENT \$ \_\_\_\_\_

VEHICLE #1. MAKE & MODEL \_\_\_\_\_ YEAR \_\_\_\_\_

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

VEHICLE #2. MAKE & MODEL \_\_\_\_\_ YEAR \_\_\_\_\_

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

Is there any other information that you would like the JCCSF Financial Aid Committee to know in considering your application for financial assistance?

\_\_\_\_\_

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

SIGNATURE OF PARENT/GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_

Return completed application to: JCCSF Financial Aid Committee c/o Debbie Love • 3200 California Street • San Francisco, CA 94118  
If you have questions about this form or the application process, please contact Debbie Love at 415.292.1284 or by email at [dlove@jccsf.org](mailto:dlove@jccsf.org).