



Motivating Youth to Succeed
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COMMUNITY YOUTH CENTER OF SAN FRANCISCO (CYC)
FINANCIAL ASSISTANCE APPLICATION

Staff Use Only	
Received By:	_____
Approved By:	_____
Approved Tier & Amount:	_____
Date Notified:	_____

To ensure our programs are accessible to all families, financial assistance is available to qualifying families. We use a sliding fee scale based on total household income and the number of household members. Families applying for financial assistance must complete a new application for each program year which aid is requested. Please attach the following documentations to this application as applicable:

- Most recent Federal Tax Return (Form 1040 pages 1 & 2 only. Please black out Social Security Numbers.)
- Copies of your last two paycheck stubs or income verification letter from employer.
- Other income verifications listed in Income Information section.

APPLICANT / MINOR INFORMATION			
First Name:		Last Name:	
Date of Birth:			
Address:		City & State:	Zip:
Grade:	School Attending:		
Name of Program Applying For:		Total Household #:	
PARENT / GUARDIAN INFORMATION			
(1) Parent/Guardian First Name:		Last Name:	Relation to Minor:
Home Phone:	Work Phone:	Cell Phone:	Email:
Employer:		Occupation/Position:	Years Employed:
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Unemployed <input type="checkbox"/> Other:		Monthly Income:	
(2) Parent/Guardian First Name:		Last Name:	Relation to Minor:
Home Phone:	Work Phone:	Cell Phone:	Email:
Employer:		Occupation/Position:	Years Employed:
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Unemployed <input type="checkbox"/> Other:		Monthly Income:	
INCOME INFORMATION			
ANNUAL INCOME:	LAST YEAR	ESTIMATED CURRENT YEAR	
Parent/Guardian #1: (Gross Wages/Salary/Business Income)	\$ _____	\$ _____	
Parent/Guardian #2: (Gross Wages/Salary/Business Income)	\$ _____	\$ _____	
Governmental Assistance: (AFDC, SSI, Disability, Other)	\$ _____	\$ _____	
Spousal / Child / Family Support:	\$ _____	\$ _____	
Other Income:	\$ _____	\$ _____	
TOTAL INCOME:	\$ _____	\$ _____	

ASSETS:

Checking Account Balance:	\$ _____	Stocks:	\$ _____
Saving Account Balance:	\$ _____	Bonds:	\$ _____
Other Assets:	\$ _____	401(K):	\$ _____
TOTAL ASSETS:	\$ _____		

Please share why you are applying for financial assistance.

Is there other information that you would like CYC to know in consideration of your application for financial assistance?

CERTIFICATION

I / We declare that the information reported on this form is true and complete to the best of my knowledge. I grant permission for the CYC to verify this information. I agree to notify the CYC if my financial status should change.

SIGNATURE OF PARENT / GUARDIAN: _____ DATE: _____

RETURN COMPLETED APPLICATION TO CYC OFFICE

Attn: Financial Assistance Administration
CYC Main Office: 1038 Post Street, San Francisco, CA 94109
Tel: 415-775-2636 | Fax: 415-775-1345 | Website: www.cycsf.org

Note: Applications are processed and notified in approximately 2-3 weeks.
Please contact our office if you have any questions.