



San Francisco Guardian Scholars Summer Academy

2017 Application

**** ALL sections must be completed ****

Date: _____

Student's Name: _____

Date of Birth: _____

Address: _____

City: _____ Zip Code: _____ Cell Phone: _____ Home Phone: _____

Email Address: _____

Present Living Situation: Foster Parent/s Group Home Biological Family
 Homeless On your own Other: _____

Caregiver's Name: _____ Phone: _____ Email Address: _____

At 16 years old or any time after that, were/are you in: Foster care Out-of-home probation Both

Social Worker/Probation Officer Name _____ Phone Number _____

E-mail _____ County of Dependency _____

Are you currently attending SF ILSP? Yes No If yes, which staff member do you work with? _____

Do you have the following work documents?

Picture ID Yes No Social Security Card Yes No

Have you completed the City College of San Francisco (CCSF) Online Application: Yes No

High School Students:

High School: _____ Current Grade: _____ High School Credits _____

Expected Graduation Date _____ School Counselor's Name _____

Student's Signature _____ Caregiver Signature (Youth Under 18) _____

For Internal Use Only

PSW/PO Name _____ Signature _____ Date _____