

SummerGATE 2023

Sponsored by Gifted and Talented Education

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A California Nonprofit Corporation

Application for Financial Aid

1. Student's Name: _____ Grade: _____
2. School: _____ Teacher Name: _____
3. Home Address: _____ Zip: _____
4. Name of Parent or Guardian: _____
5. Day Telephone: _____ Cell: _____
6. Number of people in the family: _____ Number of children: _____
7. Father's Employer and Telephone: _____
8. Position: _____ Supervisor's Name: _____
9. Mother's Employer and Telephone: _____
10. Position: _____ Supervisor's Name: _____
11. Monthly gross pay of family: _____ Monthly net pay of family: _____
12. Additional family income per month: _____ Source: _____
13. Check one: Do you own rent your home?
14. Is this family eligible for Medicare or Medical? _____
15. Is the student a foster child? Yes No
16. Is the student eligible for free lunch or reduced price lunches? Yes No
17. Is the student identified as "Gifted?" Yes No
18. Does the student have a learning disability? Yes No