

Virginia Scatena Memorial Fund

Applications Due in the UESF office at 5:00 p.m. on Wednesday, November 30, 2011

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:

Mail application to:

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