



Operation Jump Start
3515 Linden Ave | Long Beach, CA 90807
Main: 562-988-2131 | Fax: 562-989-4661
Student Application

In order to determine your eligibility to become a scholar in Operation Jump Start (OJS), please complete all sections below. Completed application should be returned to your school counselor or sent to OJS office via mail or fax. If you have any questions, please contact OJS at the number above.

In addition to the application, please attach a copy of your most current transcript.

STUDENT INFORMATION School: _____ Grade: _____ Overall GPA: _____

Student's Full Name: _____ Date: _____
Home Address: _____ City: _____ State: _____
Zip Code: _____ Student ID Number: _____ Birth date: ____/____/____
Gender: M F Other Decline to state Gender Pronouns: He/Him She/Her They/Their Ze/Zir Ethnicity: _____
Language(s) spoken at home: _____
Student's cell phone: (____) _____ Referred By: _____ School Counselor: _____
Student's Email: _____ Student's home phone :(____) _____
Residence Status: Single Parent 2 Parents Extended Family Foster other: _____
Sibling Previously in Program: Y N If yes, what is their name: _____
Are you currently participating in any of these pre-college programs? (Check all that apply)
 AVID Cal-Soap Gear-Up Boys and Girls Club Ed. Talent Search Other: _____

PARENT/GUARDIAN INFORMATION

Parent/Guardian 1:

Full name: _____ Relationship to applicant: _____
Employer: _____ Work phone: (____) _____ Cell phone: (____) _____
E-mail: _____
Highest level of education completed: 8th Grade High School Associate's Degree Bachelor's (or higher)

Parent/Guardian 2:

Full name: _____ Relationship to applicant: _____
Employer: _____ Work phone: (____) _____ Cell phone: (____) _____
E-mail: _____
Highest level of education completed: 8th Grade High School Associate's Degree Bachelor's (or higher)

INCOME INFORMATION

- Number of people living in your household: _____
- Is your family receiving public assistance: Free Lunch Reduced Lunch Food Stamps Medi-Cal Cal-Fresh
 Social Security Unemployment Disability Other: _____
- Taxable income range (See line 43 on Form 1040, line 27 on 1040 A, line 6 on 1040 EZ)
 \$16,245 or below \$16,246 - \$21,855 \$21,856 - \$27,465
 \$27,466 - \$33,075 \$33,076 - \$38,685 \$38,686 - \$44,295
 \$44,296 - \$49,905 \$49,906 - \$55,515 \$55,516 or greater

I certify that the information provided on this application is true to the best of my knowledge and that any misrepresentation may be cause for denial or cancellation of admission.

Parent Signature

Date