



Virginia Scatena Memorial Fund Application

ONE TIME ONLY ASSISTANCE, GRANT VARIES

Applications Due by 5:00 p.m. on **Friday, November 14, 2025**

Name of Applicant: _____

Address: _____

City: _____

State: _____

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: _____

Liabilities: (Please state amounts) _____

Notes: _____

Charge Accounts: _____

Mortgages: _____

Other: _____

(Include copies of pages 1 - 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:

Include a statement (separate document) describing your current situation that requires you to apply for this fund. Feel free to include any details you deem necessary to support your statement.

Mail or Email complete application to:	
Scatena Memorial Fund c/o UESF 2310 Mason St., 2 nd Floor San Francisco, CA 94133	epaningbatan@uesf.org