

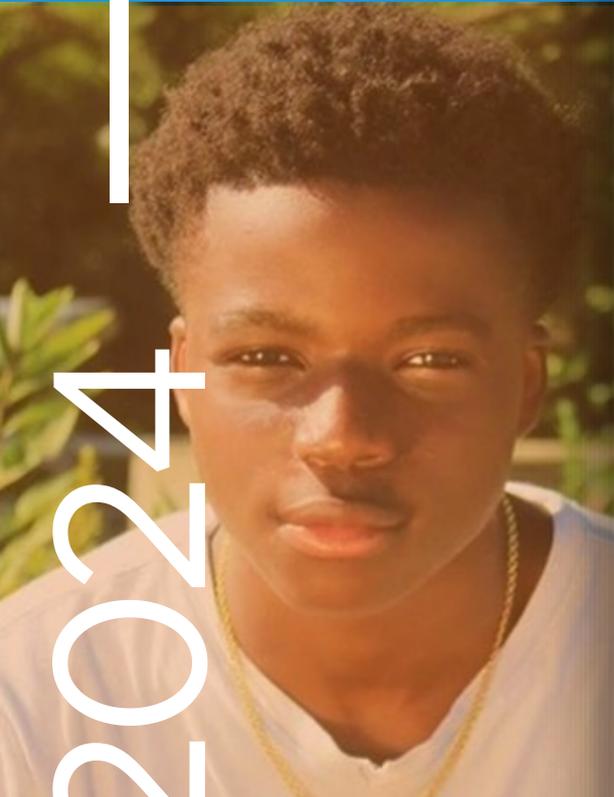


Department of  
Youth & Community  
Development

Younger Youth  
(14-15 Years Old)



# Participant Application



2024

SUMMER  
YOUTH  
EMPLOYMENT  
PROGRAM



**GENERAL INFORMATION**

**Social Security Number:**

**Last Name:**

**First Name:**

**Middle Name Initial:**

**Sex at Birth:**

**Male**

**Female**

**Date of Birth:**

**Please select your preferred Gender identity:**

Male

Female

Transgender Female

Gender Variant/ Non-Conforming

Not Listed

Prefer Not to Say

**Please select your preferred Gender Pronoun:**

She/Her/Hers

He/Him/His

They/Them/Theirs

Other

Prefer Not to Say

**Please select your Sexual Orientation:**

Heterosexual (Straight)

Asexual

Bisexual

Gay

Lesbian

Pansexual

Queer

Questioning

Not Sure

Other

Decline to Answer

**Work Authorization:**

**Not Applicable (U.S. Citizen)**

**Applicable (USCIS Document Available)**

**Other**

**Selective Service Registration:**

**Applicable**

**Not Applicable**

*\*Please Note: Males 18 years of age and older must be registered with the Selective Service System to participate in the program.*

**Do you live in a NYCHA Development?**

**Yes (Name of Development: \_\_\_\_\_ )**

**No**

**What is your address?**

**Zip Code:**

**Street Address:**

**Apartment #:**

**Borough/ City:**

**State:**

## CONTACT INFORMATION

Parent or Legal Guardian First and Last Name:

Home Phone Number:

Cell Phone Number:

Please select 'Yes' if you would like to receive text updates:

Yes

No

Emergency Contact Number:

Email Address:

Second Email Address:

## EEO QUESTIONNAIRE & OTHER INFORMATION

Please select your ethnicity:      Hispanic      Non-Hispanic

Please select your race:    American Indian/Alaskan Native      Asian      Black/African American  
    Native Hawaiian/ Other Pacific Islander      White/ Caucasian      Other

How well do you speak English?      Fluent/ Very Well      Well      Not Well      Not Well at all

What other language(s) are you comfortable speaking?

## EDUCATION INFORMATION

Education Status:      Full-time Student      Part-Time Student      Not-in-School

Current/Last Grade Completed:

What type of school did/do you attend?

CUNY

DOE

SUNY

Charter

Other

OSIS/ School ID:

## OTHER INFORMATION

Current Work Status:

Employed Full-time

Employed Part-Time

Retired

Unemployed (Short-term, 6 months or less)

Unemployed (Long-term, more than 6 months)

Unemployed (Not in Labor Force)

Migrant Seasonal Farm Worker

**Do you have a disability?**

Yes No

**Are you currently in the foster care system?**

Yes No

**Are you currently homeless?**

Yes No

**Are you currently a runaway?**

Yes No

**Are you receiving ACS Preventative Services?**

Yes No

**Are you an offender or court involved?**

Yes No

**Have you served in the military?**

Yes No

**Are you a parent?**

Yes No

**Are you a current DOE D-79 student?**

Yes No

**Do you have an Individualized Education Program (IEP)?**

Yes No

**Are you a member of the Business LINK (HRA Cash Assistance Program)?**

Yes No

**Are you a Gender Based/ Domestic Violence Victim?**

Yes No

**Are you currently receiving public assistance?**

Yes No

**The applicant lives in a household that is headed by:**

Single Person- No Children

Single Parent- Female

Single Parent- Male

Two Parent Household

Two Adults- No Children

Other

**Number of family members currently living in your household:**

**Do you have health insurance?**

Yes No

**If yes, please select the health insurance you have:**

Medicaid

Medicare

Direct-Purchase

Employment-Based

State Children's Health Insurance Program

State Children's Health Insurance for Adults

Military Health Care

Decline to Answer

**If no, would you like to be contacted about signing up for public health insurance?**

Yes No

Do you have previous work experience?

Yes No

Do you have a bank account?

Yes No

Are you interested in opening a savings account?

Yes No

Would you like to be paid through Direct Deposit?

Yes No

Please check off three (3) career goals:

Advertising	Entrepreneurship	Media & Entertainment
Architecture	Fashion Design	Non-Profit
Arts & Culture	Graphic Design	Philanthropy
Business & Financial Services	Healthcare/ Medical	Politics
Childcare	Hospitality Management	Psychology/ Counseling
Communications & Broadcasting	Human Resources	Public Service
Computer Science	Information Technology	Real Estate
Conservation & Environmental Justice	Law Enforcement	Retail
Construction	Legal Services	Science & Mathematics
Education	Management	Sports
Engineering	Manufacturing	Transportation
	Marketing & Sales	Other

How did you hear about us?

Do you have access to an electronic device with internet accessibility?

Yes No

***SYEP Pride** gives LGBTQ+ youth ages 14-24 a unique opportunity to explore their career interest and gain job experience in a supportive environment. Participants will be able to take part in trainings and special events that inspire, educate, and open doors to networking opportunities. If selected for SYEP 2024, would you like to participate in SYEP Pride?*

Yes No

### CERTIFICATION OF ACCURACY

I, the undersigned, certify that all the information on this form is true and correct. I understand that my statements are subject to verification. I further understand that any false statements may subject me to criminal prosecution under both New York State Penal Laws, section 175.35 and Federal Law, 18 U.S.C.A. 1001, and to civil action for return of all monies received. I agree and accept that I will abide by all applicable rules and regulations of this program.

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/ Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# 2024 SYEP: Younger Youth Document Checklist

For successful enrollment, please provide **ONE DOCUMENT** from each category as applicable. Please note: some documents may fulfill more than one category.

## Proof of Identity



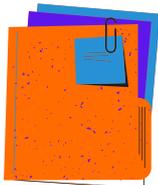
Official Picture ID (school, city, state, government issues) *IDNYC Municipal ID* will be accepted

## Proof of Social Security Number



Social Security Card

## Only if Applicable



Proof of Disability: Official documentation as applicable certifying disability from a physician, ACS, HRA, School (IEP from school), Social Service agency or authorized entity on letter head

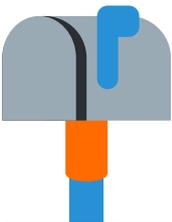
## Proof of Age

- ✓ Birth Certificate
- ✓ Benefit Card
- ✓ NYS Driver/ Non-Driver's License
- ✓ Permanent Resident or Alien Registration Card
- ✓ Valid U.S. Passport (signed)



## Proof of Address

- ✓ Home Utility Bill
- ✓ Current Lease, Mortgage, Deed, Rent Bill
- ✓ Bank or Credit Card Statement
- ✓ Insurance
- ✓ Official Mail from Federal, State, City Agency or your school



\*must be dated within 6 months of enrollment

# 2024 SYEP: Younger Youth

## Most Common Questions

### What will I be doing this summer?

This summer, you will be assigned an exciting project by your provider. You will work **12.5 hours a week for 6 weeks**. Through this experience, you will explore career opportunities obtain work-readiness and leadership skills and earn up to \$700!

### How will I get paid? Do I have to pay to apply?

Depending on your attendance and participation, you will receive a weekly stipend. You can choose to have the money deposited into your bank account, OR you can opt into having a payroll card mailed to you. You will not have to pay to apply or to participate. The only costs you will be responsible for are your own transportation and meals.

### What if I requested a document (Social Security Card, Birth Certificate, etc.) and it will not arrive before the enrollment deadline?

Please submit proof of request for a new document to your provider. This will be handled on a case-by-case basis and enrollment can't be guaranteed without required documents. Please do your best to have all required documents on hand after submitting your application to avoid being returned to the lottery.

### Can I change my first choice of provider after I submit my application?

No. Community-based SYEP applicants can choose up to three providers. Applicants who opt for specialized programs (Emerging Leaders, NYCHA, CareerReady) must go for the provider(s) that is zoned to their neighborhood or school. Please select your provider carefully before submitting as this cannot be changed later.

### How can I apply?

You can apply one of two ways: online at <https://application.nycsyep.com>, or via a paper application with one of our SYEP community partners (<https://application.nycsyep.com/DocumentLibrary>)

### How are applications chosen?

DYCD selects participants via a random lottery to ensure fairness. There will be more than one lottery to ensure that all seats in the program are filled. Some young people are directly recruited by our SYEP community partners for specialized programming.