



One application will be accepted for each applicant. Completed applications will be entered into a lottery to determine those applicants who will be offered a position in the Summer Youth Employment Program. SUBMISSION OF AN APPLICATION DOES NOT GUARANTEE ELIGIBILITY OR ENROLLMENT INTO THE PROGRAM. The following application items: Spoken Language, Disability Status is voluntary and will be treated with confidentiality. They cannot be used to affect your status in receiving employment, benefits and/or services. Information provided may be used by the City of New York to improve City services or to access additional funding.

1. Social Security Number (Please be accurate)
2. Last Name
3. First Name
4. MI
5. Birth Date (MM/DD/YYYY)
6. Gender (Check one)
7. Citizenship Status (Check one)
8. Selective Service Registration # & Date- Males 18 years of age must be registered with the Selective Service System to participate in the program (if you have not already registered; visit www.sss.gov.)
9. Alien Number : USCIS Form #:
10. Street Address (Number And Street)
11. Apt.
12. Zip Code
13. Do you live in a NYCHA Housing Development?
14. Borough (Check One)
15. Ethnicity (Check One)
16. Other than English, what language(s) are you most comfortable speaking?
17. Applicant's Home Phone #
18. Applicant's Cell Phone #
19. Applicant's Email
20. Name of Parent or Legal Guardian (Last Name)
21. First Name
22. Emergency Contact Phone #

Educational Status
23. Current educational status
J.H.S grade: 7th, 8th
H.S. grade: 9th, 10th, 11th, 12th
College: Freshman, Junior, Sophomore, Senior
If not in school, indicate last grade completed.
24. Educational-Student Type
Full-Time Student, Part-Time Student, Vocational, Post-Secondary, Not in School
25. What school did/do you attend?

Income & Other Information
26. Total family income (gross) for the last SIX months \$
27. Number of family members currently living in applicant's household
28. Is applicant or applicant's family currently receiving public assistance?
29. Type of Public Assistance (Check all that apply)
Family Assistance (formerly known as AFDC), Supplemental Nutrition Assistance Program (SNAP), Other, S.S.I., Safety Net/Home Relief
30. Is the applicant any of the following (Check all that apply)
Disabled, Foster Care, Homeless/Runaway, Offender/Justice Involved, ACS Preventative Services, Parent, Served In the Military, Does Not Apply

Career Goals
31. What is the applicant's long-term career goal? List three (3) options: 1st, 2nd, 3rd
32. Do you have any previous work experience?
33. Do you have a bank account?
34. Interested in opening a bank account?
35. Would you like to be paid through direct deposit?

Add'l Info
36. Is the applicant or any member of the household (0-64 years of age) covered by Medicaid, Child Health Plus, Family Health Plus or private medical insurance?
37. If NO, do you want to be contacted with information about public health insurance programs?

CERTIFICATION OF ACCURACY: I, the undersigned, certify that all 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
SYEP Provider Intake Officer Signature Date
The status of your application can be found at www.nyc.gov/dycd