



Department of
Youth & Community
Development

**Older Youth (16-24
Years Old)**

Participant Application

SUMMER

YOUTH

EMPLOYMENT

PROGRAM

2024



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: Older 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



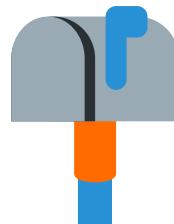
Social Security Card

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



*must be dated within 6 months of enrollment

- ✓ 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

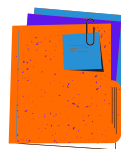
Proof of Employment Authorization



*You may be asked to provide additional documentations depending on your employment authorization status

- ✓ Report Card within the last 6 months
- ✓ Official school transcript
- ✓ Valid signed passport
- ✓ Alien Registration Card
- ✓ US Military Card/ Draft Card
- ✓ Voter's Registration Card
- ✓ I-94, I-551, I-797 forms
- ✓ Certificate of Naturalization
- ✓ Employment Registration 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
- ✓ Selective Service Registration Card or Selective Service Online Receipt (Males 18 years of age and older)
- ✓ Green Working Paper Card for 16-17 year old youth

2024 SYEP: Older Youth

Most Common Questions

What will I be doing this summer?

This summer, you will be placed at a worksite based on your interests. Through this experience, you will explore career opportunities and obtain work-readiness, leadership, and networking skills. You will be assigned to work **25 hours per week for six weeks at a pay rate of \$16 per hour**.

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

You can choose to have the money put directly into your bank account via direct deposit, or you may opt to have 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.