

Summer Youth Employment Program

14-15 Years Old

About SYEP

The NYC Summer Youth Employment Program (SYEP) is the nation's largest youth employment program, connecting New York City youth between the ages of 14 and 24 with career exploration opportunities and paid work experience each summer.

What the Program Offers?



Work-readiness Training



Project Based Learning



Financial Literacy Training



Summer Jobs



Paid Professional Summer Internships

Who is Eligible?

To apply for SYEP, you must be:

- ✓ between the ages of 14 and 15
- ✓ a current resident of one of the five boroughs of New York City

How to Apply?

Wondering how to apply to SYEP? Please visit our website at www.nyc.gov/SYEP or call DYCD Youth Connect at 1.800.246.4646 to learn about the application process. The DEADLINE for submitting your application is **Friday April 10th, 2020**.

NYC

Department of
Youth & Community
Development

Summer Youth
Employment Program



nycyouth



nycyouth



nycyouth



dycdnyc

www.nyc.gov/SYEP or 1.800.246.4646

1. Social Security Number (Please be accurate)																																		
<div style="border: 2px solid red; display: inline-block; padding: 2px 10px;"> - - </div>																																		
2. Last Name												3. First Name										4. MI												
5. Birth Date (MM/DD/YYYY)												6. Gender (Check one)				7. Citizenship Status (Check one)																		
												<input type="checkbox"/> Male <input type="checkbox"/> Female				<input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Permanent Resident Alien <input type="checkbox"/> Other																		
8. Selective Service Registration # & Date- Males 18 years of age must be registered with the <u>Selective Service System</u> to participate in the program (if you have not already registered; visit www.sss.gov .)												9. How did you hear about us?																						
10. Street Address (Number and Street)												11. Apt.						12. Zip Code																
13. Do you live in a NYCHA Housing Development?												<input type="checkbox"/> No				If No; Go to question 14.				<input type="checkbox"/> Yes		If Yes, Name the Development:												
14. Borough (Check One) <input type="checkbox"/> Bronx <input type="checkbox"/> Brooklyn <input type="checkbox"/> Manhattan <input type="checkbox"/> Queens <input type="checkbox"/> Staten Island																																		
15. Applicant's Ethnicity (Select One) <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino																																		
16. Applicant Race (Select One)																																		
												<input type="checkbox"/> Black or African American				<input type="checkbox"/> American Indian or Alaskan Native				<input type="checkbox"/> Native Hawaiian or Other Pacific Islander														
												<input type="checkbox"/> Asian				<input type="checkbox"/> White or Caucasian				<input type="checkbox"/> Other														
17. Other than English, what Language are you most Comfortable speaking? (Check all that apply)																																		
												<input type="checkbox"/> Albanian				<input type="checkbox"/> Arabic				<input type="checkbox"/> Bengali				<input type="checkbox"/> Chinese (incl. Cantonese & Mandarin)					<input type="checkbox"/> French					
												<input type="checkbox"/> Fulani				<input type="checkbox"/> German				<input type="checkbox"/> Greek				<input type="checkbox"/> Gujarati					<input type="checkbox"/> Haitian Creole					
												<input type="checkbox"/> Hebrew				<input type="checkbox"/> Hindi				<input type="checkbox"/> Hungarian				<input type="checkbox"/> Italian					<input type="checkbox"/> Japanese					
												<input type="checkbox"/> Korean				<input type="checkbox"/> Kru, Ibo or Yoruba				<input type="checkbox"/> Mande				<input type="checkbox"/> Punjabi					<input type="checkbox"/> Persian					
												<input type="checkbox"/> Polish				<input type="checkbox"/> Portuguese				<input type="checkbox"/> Romanian				<input type="checkbox"/> Russian					<input type="checkbox"/> Spanish					
												<input type="checkbox"/> Tagalog				<input type="checkbox"/> Turkish				<input type="checkbox"/> Urdu				<input type="checkbox"/> Vietnamese					<input type="checkbox"/> Yiddish					
												<input type="checkbox"/> Other (Describe): _____																						
18. Applicant's Home Phone #												19. Applicant's Cell Phone #										20. Applicant's Email												
21. Name of Parent or Legal Guardian (Last Name)												22. First Name										23. Emergency Contact Phone #												

Educational Status	
24. Education – Student Type	
<input type="checkbox"/> Currently Attending School	<input type="checkbox"/> Not in-school
25. Current Educational Status	
J.H.S. grade <input type="checkbox"/> 6th <input type="checkbox"/> 7th <input type="checkbox"/> 8th	
H.S. grade <input type="checkbox"/> 9th <input type="checkbox"/> 10th <input type="checkbox"/> 11th <input type="checkbox"/> 12th	
College <input type="checkbox"/> Freshman <input type="checkbox"/> Junior	
<input type="checkbox"/> Sophomore <input type="checkbox"/> Senior	
26. Please indicate the school system you attend	
<input type="checkbox"/> DOE <input type="checkbox"/> CUNY <input type="checkbox"/> Other	
a. What school did/do you attend?	
b. Indicate last grade completed.	
<input type="checkbox"/> Grade 0 - 8 <input type="checkbox"/> High School Graduate/ HSE	
<input type="checkbox"/> Grade 9-11 <input type="checkbox"/> 12+ Some Post-Secondary	
<input type="checkbox"/> 2 or 4 year College Graduate	

Income & Other Information	
27. Total family income (gross) for the last SIX months	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
28. Number of family members currently living in applicant's household <input type="text"/>	
a. Type of Applicant Household	<input type="checkbox"/> Single Parent Female
	<input type="checkbox"/> Single Parent Male
	<input type="checkbox"/> Two Adults-No Children
	<input type="checkbox"/> Two Parent Home
	<input type="checkbox"/> Single Person – No Children
	<input type="checkbox"/> Other
29. Is applicant or applicant's family currently receiving public assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No (Skip to #31)	
30. Type of Public Assistance (Check all that apply)	<input type="checkbox"/> Family Assistance (formerly known as AFDC) <input type="checkbox"/> S.S.I. <input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP) <input type="checkbox"/> Safety Net/Home Relief <input type="checkbox"/> Other _____
31. Is the applicant any of the following (Check all that apply)	
<input type="checkbox"/> Disabled	<input type="checkbox"/> Justice Involved/ Offender <input type="checkbox"/> Served in the Military
<input type="checkbox"/> Foster Care	<input type="checkbox"/> ACS Preventative Services <input type="checkbox"/> Does Not Apply
<input type="checkbox"/> Homeless/Runaway	<input type="checkbox"/> Parent

Career Goals	32.	Prior work experience? (paid or volunteer)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	33.	What is the applicant's long-term career goal? List three (3) options:					
	34.	Do you have a bank account?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	35.	Interested in opening a bank account?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	36.	Interested in direct deposit?	<input type="checkbox"/> Yes
	37.	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?								<input type="checkbox"/> Yes	<input type="checkbox"/> No
	38.	If NO, do you want to be contacted with information about public health insurance programs?								<input type="checkbox"/> Yes	<input type="checkbox"/> No

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. By submitting your application to DYCD, you acknowledge that information provided in this application and during any participation in the program may be used by the City of New York to evaluate and improve City services and programs or to access additional funding.

<i>Applicant Signature</i>	<i>Date</i>	<i>Parent/Guardian Signature</i>	<i>Date</i>
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If you are selected from the lottery or recruited for a summer opportunity, you will need to bring certain documents to your SYEP provider. You must submit **COPIES** of one (1) item from categories 1-6 listed below as it applies to you. **These items are needed to officially complete your enrollment so that you are eligible for SYEP.** Note that some documents may satisfy more than one category (e.g. U.S. Birth Certificate or current U.S. Passport for categories 2).

Reminder: ONLY COPIES OF THESE DOCUMENTS WILL BE ACCEPTED

1. Proof of Identity

- ☐ Official Picture ID (school, city, state, government issued)
IDNYC Municipal ID will be accepted

2. Proof of Age

- ☐ Birth Certificate **OR**
- ☐ Benefit Card **OR**
- ☐ NYS Driver/Non-Driver's License **OR**
- ☐ Alien Registration Card **OR**
- ☐ Valid U.S. Passport

3. Proof of Social Security Number

- ☐ Social Security Card (**ONLY**)

4. Proof of Address (Dated within the last 6 months)

- ☐ Home Utility Bill **OR**
- ☐ Current Lease, Mortgage, Deed **OR**
- ☐ Current Cable Bill (Must have Phone Service Listed) **OR**
- ☐ Official Mail from a Federal, State or City Agency

5. SYEP Application

- ☐ A signed SYEP application is required for all youth. Youth under the age of 18 are required to have the signature of a parent or guardian.

6. Proof of Family Income (Dated within the last 6 months)

If Supported by Public Assistance

- ☐ Current EBT Card (with parent/guardian name) **AND** a recent store receipt **OR**
- ☐ Current Benefit Budget/SNAP Letter **OR**
- ☐ Official letter from Social Services (Must include applicant's name, Benefit # and date)

OR

If Not Supported by Public Assistance

- ☐ Two (2) consecutive pay stubs dated within the last six months (Must include payee name, and gross income) **OR**
- ☐ 2019 W-2 form and one (1) pay stub dated within the last six months **OR**
- ☐ Current Pension Award letter **OR**
- ☐ Current SSA Award letter **OR**
- ☐ Unemployment Benefit Document dated within the last six months **OR**
- ☐ If self-employed, 2019 Tax Return including Schedule "C" or "E" (if receiving rental income)

7. Please provide ONLY if applicable

- ☐ Proof of **Disability**: Official documentation as applicable certifying disability from a physician, ACS, HRA, School, Social Service agency or authorized entity.

Please note: all references to the word current mean documents dated within the last six (6) months or where applicable, documents which are still valid and have not expired. The status of your application can be found at www.nyc.gov/dycd.

WHAT WILL I BE DOING THIS SUMMER?

As a 14-15 year old youth you will participate in a paid project-based learning experience that will provide enriching career exploration, emphasize work- readiness, help foster leadership and develop numerous skills. Activities will take place for 15 hours a week for six weeks in July and August and participants will receive up to a \$700 stipend based on their attendance and participation.

HOW DO I QUALIFY FOR SYEP?

You must be:

- 14-15 years old as of July 6th, 2020
- reside within the five boroughs of New York City

HOW CAN I APPLY TO SYEP?

To apply to the program you can do one of the following:

- Visit our website www.nyc.gov/dycd and follow the links to fill out the application online or download a paper copy
- Paper applications can also be obtained from one of the community based organizations or Providers operating the program. A complete list of authorized SYEP providers can be found on the DYCD website (www.nyc.gov/dycd)
- Complete paper applications must be submitted before the application deadline to the Provider of your choice
- Youth may also be recruited for specialized programming directly by SYEP providers
- DYCD cannot mail applications to you, nor do we accept applications by mail

WHAT IS THE SYEP APPLICATION DEADLINE?

The deadline to submit a complete SYEP application is April 10th, 2020.

HOW ARE YOUTH SELECTED TO THE PROGRAM?

Youth can be selected to the program via two options, through a lottery or direct recruitment by an SYEP provider to specialized programming.

DYCD will conduct a lottery to select participants to the program. There will be more than one lottery to ensure that all seats in the program are filled. If you are selected by the lottery you will be contacted via the email address and/or phone number you provide in your application. You can check the status of your application by visiting the DYCD website (www.nyc.gov/dycd)

HOW LONG IS SYEP?

SYEP is 15 hours a week for six weeks from July 6 to August 15

HOW WILL I BE PAID?

Participants can earn up to \$700 stipend that will be paid weekly based on youth attendance and participation.

Participants are paid with a debit card or with Direct Deposit to a bank account of their choice.

DO I HAVE TO PAY ANY FEES TO APPLY FOR SYEP?

No. DYCD does not require a fee for applying to SYEP and no one is allowed to charge a fee for participation or application entry.

During the summer, you will be responsible for your own transportation to and from work as well as your own meals. These are the only out-of-pocket costs that you should incur while working for SYEP.

CAN I SUBMIT MORE THAN ONE SYEP APPLICATION? DOES IT INCREASE MY CHANCES TO BE SELECTED?

No, only the first application submitted will be accepted. Submitting multiple applications may prevent you from consideration in the job.

WHAT DOCUMENTS DO I NEED TO PARTICIPATE?

Check the application for a list of required documents including but not limited to a picture ID, proof of age and address. Youth aged 14 – 15 years old do not need working papers.

CAN I ATTEND SUMMER SCHOOL AND PARTICIPATE IN SYEP?

It will depend on your school schedule and whether it can accommodate both your work placement schedule and school.