

Summer Youth Employment Program (SYEP)

Participant Application (Youth Ages 14-15)

Applicable to all SYEP program options









Personal Information	1							
1. Social Security Number (Please be accurate)			2. Last Name			3. First Name		
4. MI 5. Birth	n Date (MM/DD/YYYY)	6. Sex at Birth		select your prefe er Identity		itizenship Status Permanent Reside	nt Other	
8. Selective Service Registered with the Seprogram (if you have not	elective Service Syster	– les 18 years of age mu n to participate in the	ast OSIS	# (DOE Students	·	you hear about us?	Do you have access to at electronic device with internet accessibility? Yes No	
10. Street Address			11. A _I	partment	12. Zip	Code	Are you familiar with any of these skills? (check all that apply)	
13. Do you live in a NYCH No (If No; Go to ques		nt? If Yo	es, Name the	Development:		14. Borough	- 	
15. Applicant's Ethnicity (Select one) 16. Applicant's Race (Select one) 17. Other than English, what Language are you most comfort speaking?							st comfortable	
18. Applicant's Home Pho	. Applicant's Home Phone # 19. Applicant's Cell Phone #			Please select "Yes to receive text up Yes	s" if you would like dates No	20. Applicant's	Email	
21 Name of Parent or Leg	al Guardian (Last Nan	ne) 22. First Na	ame		<u>23. Ei</u>	mergency Contact I	Phone #	
24. Educational-Student	25. Curren Type education		ease indicate system you		t school did/do yo		dicate last grade mpleted	
Income & Other Infor	mation							
27. Total family income (gross) for the last SIX months	28 (A). Number of fa members currently l in applicant's house	iving 28 (B). Applica	ant's applic	applicant or ant's family curre ing public assista s No (Skip to a	ently Family Safety	Assistance S.S. Net/Home Sup	Check all that apply) I. Other pplemental Nutrition istance Program (SNAP)	
31. Is the applicant any of Disabled Justic		all that apply) er Care Does No Apply	1101	S Preventative vices	Served in the Military	Homelo /Runav		
ducational and Care	er Detail							
2. School Major	32. Grade Point Average 34. Where is your school (Check One) In NYC Outside		de of NYC	35. Start and e of your summe From	na aaces	ience? long thre	37. What is the applicant's long-term career goal? List three (3) options:	
Banking Information		City State	<u> </u>	To (MM/DD/1YYY)				
38. Do you have a bank account?	bank account?	pening a 40. Interest deposits	?				ould you like to receive mation about insurance am?	
Yes No	Yes No	Yes	No	·	Yes No		Yes 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. 100f., 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.

(MM/DD/YYYY)

Date:

(MM/DD/YYYY)

Applicant Signature

Parent/Guardian Signature

Date:



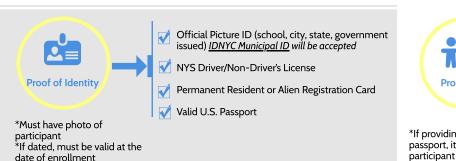


Document Checklist: Younger Youth (YY) 14-15 Years Old

*Some documents may fulfill multiple requirements

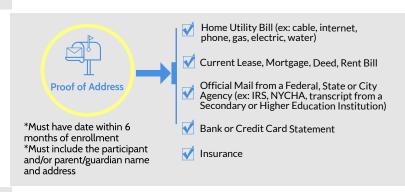
Ex: US Passport or NYS Driver/Non-Driver's License can be accepted to meet the requirement for the following categories:

- Proof of Identity
- Proof of Age
- Proof of Employment Authorization













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.