SYEP 2026

Paper Application
14-15 Years Old

DYCD
The Department of Youth & Community Development

NYC
Delivering for you.
Every day. Everywhere.

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 Male
- ☐ 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 (Enter USCIS or A-Number)
- ☐ Other

Do You Live in a NYCHA Development?

- ☐ Yes (Enter Name of Development Below)
- ☐ No

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.

Address: Zip Code: Borough: State:

Street Address:

Apartment Number:

Emergency Contact Information

Contact #1

Contact Name:
Relation to Applicant:
Email Address:
Cell Phone Number:
Work Phone Number:

Contact #2

Contact Name:
Relation to Applicant:
Email Address:
Cell Phone Number:
Work Phone Number:

Parent or Guardian First & Last Name:

Contact Information

Home Phone Number:

Cell Phone Number:

Please select 'Yes' if you would like to receive text updates: ☐ Yes ☐ No

Email Address:

Second Email Address:

TIP: Make sure you are not entering a school 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

Which Other Language(s) Are You Comfortable Speaking?

Education Information

Major/Concentration:

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

Current / Last Grade Completed:

OSIS/ School ID #:

Name of School You are Attending:

Type of School Attending/ Attended: ☐ CUNY ☐ DOE ☐ SUNY ☐ Charter ☐ Other

Other Information

Current Work Status:

- ☐ Employed Full-Time
- ☐ Employed Part-Time
- ☐ Unemployed (Short-Term, 6 Months or Less)
- ☐ Retired
- ☐ Unemployed (Not in Labor Force)
- ☐ Migrant Seasonal Farm Worker

DYCD is committed to ensuring that all youth, regardless of ability or disability can thrive in our programs.

Do you have a disability?

- ☐ Yes (Select all that apply)
  - ☐ Cognitive Impairment
  - ☐ Hearing-related
  - ☐ Learning Disability
  - ☐ Mental or Psychiatric
  - ☐ Physical/ Chronic Health Condition
  - ☐ Physical/ Mobility Impairment
  - ☐ Vision-Related
  - ☐ Other
  - ☐ Decline to Answer
- ☐ 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 justice-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 victim of Human Trafficking?	☐ Yes	☐ No
Are you a Gender-Based/ Domestic Violence victim?	☐ Yes	☐ No
Are you currently receiving public assistance?	☐ Yes	☐ No

You live 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

Total Income for Last 12 Months:

Do you have health insurance?

- ☐ Yes (Select below)
  - ☐ 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
- ☐ No

  Would you like to be contacted about signing up for public health insurance?

  ☐ Yes ☐ No

Have you ever participated in any other DYCD-funded Workforce Programs?

- ☐ Yes (Select below)
  - ☐ SYEP
  - ☐ Ladders for Leaders
  - ☐ Learn & Earn
  - ☐ Advance & Earn
  - ☐ Train & Earn
  - ☐ CRED
- ☐ No

SYEP Pride gives LGBTQ+ participants the chance to take part in unique trainings and special events that inspire, educate, and open doors to networking opportunities. If you are enrolled in SYEP, would you like to participate in the Pride component?

- ☐ Yes
- ☐ No

How did you hear about us?

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

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

☐ Yes ☐ No

Please selected your top three career goals:

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

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's Signature:

Date:

Parent/ Guardian's Signature:

Date:

Make sure you meet the eligibility requirements and have eligibility verification documents ready to upload, if selected!

If you have any questions:

- Check out our FAQs one-pager
- Contact DYCD Community Connect at 1-800-246-4646
- Contact the provider you're submitting your SYEP application to.

Enrollment Documents-

Younger Youth (14-15 Years Old)

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Please submit ONE DOCUMENT from each category as applicable.
Please note, certain documents may count for more than one category.

Proof of Age

- Birth Certificate
- Benefit Card *with photo
- NYS Driver/Non-Driver License
- Alien Registration Card/ Permanent Resident Card
- Signed Passport
- IDNYC Municipal ID

Proof of Social Security

- Social Security Card

Proof of Identity

- Official picture ID (School, city, state, government-issued or IDNYC Municipal ID)

Proof of Current Address

**Document must be dated within the last 6 months

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

Contact your provider if you need help submitting proof of address.

*If Applicable**

- **Proof of Disability** Official documentation certifying disability from Physician, ACS, HRA, IEP Plan, Social Service agency or authorized entity on letter head

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- Contact your SYEP provider

2026 SYEP *Younger Youth*

Frequently Asked Questions

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What will I be doing this summer?

This summer, you will be assigned an exciting project by your supervisor. The project will require a commitment of 12.5 hours per week for a duration of six weeks. Through this experience, you will explore career opportunities, develop work-readiness and leadership skills, and earn up to $700.

Do I have to pay to apply?

There is no cost to apply or participate in the program. The only expenses you are responsible for are your own transportation and meals.

How can I apply?

There are two ways to apply: apply online at https://application.nycsyep.com or apply using a paper application with an SYEP provider.

How many applications can I submit?

You can submit only one application. Please select your provider carefully before submitting, as this cannot be changed later. Check out our SYEP Program Options one-pager for more details about our program options.

How will I get paid?

You may choose to have the money deposited directly into your bank account via direct deposit, or you may opt to receive it on a payroll card.

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

Please provide proof of your request for a new document to your provider. This will be evaluated on a case-by-case basis and is up to the discretion of the provider. To avoid any issues, please make sure you have all the necessary documents ready before the enrollment period begins.