

SYEP 2026



**Paper Application
16-24 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:

**TIP: Make sure you are not entering
a school 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

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

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

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

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- Older Youth (16-24 Years Old)

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 Employment Authorization

- Report Card within the last 6 months
- Official School Transcript
- Valid and signed US Passport
- Alien Registration Card
- Voter's Registration Card
- US Military Card/ Draft Card
- I-94, I-551, I-797, FS-240 Forms
- Certificate of Naturalization
- Employment Registration 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
- **Selective Service Registration Card or Selective Service Online Receipt** if Male 18 years of age or older
- **Green Working Paper Card** if 16-17 years old



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 \$17.00 per hour.



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.