

# Younger Youth

**NYC**  
Department of  
Youth & Community  
Development



**14-15  
Years Old**

## Summer Youth Employment Program

**Participant Application**

**2023**



<https://application.nycsyep.com/>

**f** **t** **@** @nycyouth #SYEP2023



## PERSONAL INFORMATION

1. Full Name: \_\_\_\_\_ 2. Date: \_\_\_\_\_ 3. Social Security Number: \_\_\_\_\_  
 First Middle Last

4. Date of Birth (Month/ Day/ Year): \_\_\_\_/ \_\_\_\_/ \_\_\_\_ 5. Your Home Phone Number: (\_\_\_\_)- \_\_\_\_- \_\_\_\_

6. Your Cell Phone Number: (\_\_\_\_)- \_\_\_\_- \_\_\_\_ 7. Your E-mail Address: \_\_\_\_\_

Please Select 'YES' if you would like to receive text updates:

YES

NO

8. Last Name of Parent or Legal Guardian \_\_\_\_\_ 9. First Name of Parent or Legal Guardian: \_\_\_\_\_

10. What is Your Race?

American Indian or Alaskan Native  
 Black or African American  
 Native Hawaiian or Other Pacific Islander  
 White or Caucasian  
 Asian  
 Middle Eastern/ North African  
 Other

11. What is Your Ethnicity?

Hispanic or Latino  
 Not Hispanic or Latino

12. What is Your Sex at Birth?

Male  
 Female

13. What is Your Gender Identity?

Male  
 Female  
 Non-Binary (not Female/ Male)  
 Two Spirit (Native American/ First Nation)  
 Another Gender \_\_\_\_\_  
 Gender Nonconforming  
 Not Sure  
 Decline to Answer  
 Do not understand the question

14. Does Applicant identify as transgender?

*Transgender is an umbrella term for people whose identity and/or gender expression differs from what is typically associated with the sex they were assigned at birth. Some transgender people will identify with the opposite gender they were assigned at birth, and some may not identify with any binary gender. Someone who identifies their gender as androgynous, gender queer, non-binary, gender non-conforming, MTF or FTM may also consider themselves to be transgender.*

YES

NO

## SYEP PRIDE (Optional)

**SYEP Pride will work toward a future without discrimination where all people have equal rights to employment. We will work with youth and businesses alike to produce LGBTQ+ Pride opportunities that inspire, educate, commemorate, and present a level field for a diverse community. SYEP Pride will connect people between the ages of 14-24 who identify as LGBTQ+ with supportive, safe, and affirming work and career exploration experiences.**

By opting in, you are affirming that you are willing to participate in the inaugural SYEP PRIDE program.

I AGREE

I DECLINE TO OPT IN

15. What Are Your Gender Pronouns?

She/ Her/Hers  
 He/ Him/ His  
 They/ Them/ Theirs  
 Another Pronoun \_\_\_\_\_  
 Decline to Answer

16. What Is Your Sexual Orientation?

Heterosexual (Straight) Queer  
 Gay Questioning  
 Lesbian Another Sexual Orientation  
 Bisexual Not Sure  
 Pansexual Decline to Answer  
 Asexual

17. Selective Service Registration Number & Date: \_\_\_\_\_  
 SSR # Date of Registration

*Males 18 years of age or older must be registered with the Selective Service System to participate in the program (if you have not registered yet, please visit [www.sss.gov](http://www.sss.gov))*



18. \*Applicants 18 or Older\* Are You a Veteran?

**YES****NO**

19. \*Applicants 18 or Older\* Are You an Active Military Applicant?

**YES****NO**

20. How Well Do You Speak English?

Fluent/ Very Well

Not Well

Well

Not Well At All

21. Please Enter Your Primary Language: \_\_\_\_\_

22. Other Languages Spoken by You:  
(Check All That Apply)

Albanian

Arabic

Bengali

Chinese (Including Cantonese &amp; Mandarin)

English

French

Fulani

German

Gujarati

Haitian Creole

Hebrew

Hindi

Hungarian

Italian

Japanese

Korean

Kru, Ibo, Yoruba

Mande

Persian

Polish

Portuguese

Punjabi

Romanian

Russian

Spanish

Tagalog

Turkish

Urdu

Vietnamese

Yiddish

Other \_\_\_\_\_

**HEALTH INFORMATION**

23. Do You Have Health Insurance?

**YES****NO****Decline to Answer**24. If YES, Please Specify The Health Insurance Down  
Below (Check All That Apply)

Medicaid

Direct-Purchase

State Children's Health Insurance Program

Military Health Care

Medicare

Employment-Based

State Children's Health Insurance for Adults

Decline to Answer

25. If NO, Would You Like to Be Contacted About Signing Up for  
Public Health Insurance? (Select One)**YES****NO****Decline to Answer****HOUSEHOLD INFORMATION**

26. You Live in a Household That Is Headed By (Select One):

Single Parent - Female

Single Parent - Male

Two Adults- No Children

Two Parent Household

Single Person- No Children

Multigenerational Household

Non-related Adults with Children

Other \_\_\_\_\_

27. What is Your Household Size? \_\_\_\_\_

28. Total Household Income in The Last 12 Months? \$\_\_\_\_\_

29. Please Check This Box If You Have No Household Income:

☐

29a. Please Select Your Housing Type:

Own

Rent

NYCHA

Shelter

Homeless

Other Permanent Housing

Other \_\_\_\_\_

29b. If You Live In NYCHA, Please Specify The NYCHA  
Development Here:

\_\_\_\_\_

30. What is Your Current Work Status (Select One)?

Employed Full-Time

Unemployed (Not In Labor Force)

Employed Part-Time

Migrant Seasonal Farm Worker

Unemployed (Short-term, 6 months or less)

Unemployed (Long-term, more than 6 months)

31a. Are You or Your Family Currently Receiving Public Assistance?

**YES****NO**

31b. If YES, Please Specify Type of Public Assistance:

Family Assistance

SNAP (Supplemental Nutrition Assistance Program)

Safety Net/ Home Relief

S.S.I.

Other \_\_\_\_\_

32. Enter Your Full Address Here: \_\_\_\_\_ Zipcode: \_\_\_\_\_

Borough: \_\_\_\_\_

33. Do You Have Access to An Electronic Device With Internet Accessibility?

**YES****NO**

34. Do You Have a Bank Account?

**YES****NO**

35. If NO, Are You Interested In Opening a Bank Account?

**YES****NO**

36. Are You Interested In Direct Deposit?

**YES****NO****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: \_\_\_\_\_

**ADDITIONAL QUESTIONS**

37. Are You Currently In The Foster Care System?

**YES****NO**

38. Are You a Parent or a Guardian?

**YES****NO**

39. Do You Have a Disability?

**YES****NO**

40. Please Select Your Citizenship Status Down Below:

Citizen

Permanent Resident

Other

41. Are You Currently a Runaway?

**YES****NO**

42. Are You Currently Homeless?

**YES****NO**

43. Are You an Offender or Court Involved?

**YES****NO**

44. Are You Receiving ACS Preventative Services?

**YES****NO**

45. Are you a Gender-Based/ Domestic Violence Victim?

**YES****NO**

46. How Did You Hear About Us? \_\_\_\_\_

EDUCATIONAL STATUS & CAREER DETAILS

47. What is Your Education Status?

Full-Time Student

Part-Time Student

Not In School

48. Where Is Your School Located?

In NYC                  Outside of NYC

City & State of School \_\_\_\_\_

49. What is Your School Major?

\_\_\_\_\_

50. What is Your Current/ Last Grade Completed?

\_\_\_\_\_

51. Please Enter the Start and End Dates of Your Summer Break:

\_\_\_\_\_

52. GPA / GPA Equivalent: \_\_\_\_\_

53. Name of School or Academic Institution:

\_\_\_\_\_

54. Please Indicate the School System You Attend:

DOE                  CUNY                  SUNY                  OTHER

55. **(Current DOE Students only)** OSIS #: \_\_\_\_\_

56. Do You Have Prior Work Experience (Paid or Unpaid)?

**YES**                  **NO**

57. Are You Familiar with Any of These Skills? (Check All That Apply)

Adobe Creative Suite	Not Applicable
Coding Languages	Presentations
Customer Service	Social Media
Data Entry	Web Design
Graphic Designing	Please Select One
Marketing	
Microsoft Office	

58. What Is Your Long- Term Career Goal? Please List Three (3) Interests:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

59. Are You a Current DOE- D75 Student?

**YES**                  **NO**

60. Do You Have an Individualized Education Program (IEP)?

**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. 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: \_\_\_\_\_



# YOUNGER YOUTH DOCUMENT CHECKLIST

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



## Proof of Identity



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



## 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 Social Security Number



Social Security Card



## 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 a Federal, State or City Agency (including your school)



## Proof of Disability

**Provide proof 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.

# YOUNGER YOUTH (YY) PROGRAMS FREQUENTLY ASKED QUESTIONS

## What will I be doing this summer?

This summer, you will be assigned an exciting project by your supervisor. You will work 12.5 hours a week for 6 weeks. Through this experience, you will:

- explore career opportunities
- obtain work-readiness and leadership skills
- *and* earn up to \$700!

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

Depending on your attendance and participation, you will receive a weekly stipend. You can choose to have the money deposited into your bank account, OR you can opt into having 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.

## How can I apply?

You can apply one of two ways:

- Online at [www.nyc.gov/site/dycd/services/jobs-internships/summer-youth-employment-program-syep.page](http://www.nyc.gov/site/dycd/services/jobs-internships/summer-youth-employment-program-syep.page)
- Via a paper application from one of our SYEP community partners: SYEP-2022-CB-YY.pdf ([nyc.gov](http://nyc.gov))

## 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.

## YY Eligibility

- 14-15 years old by July 3, 2023
- NYC resident

## Dates to Remember

**February 13th, 2023**  
Application Opens

**March 31, 2023**  
Application Closes

**July 5, 2023**  
SYEP 2023 begins!