



What is the Summer Youth Employment Program (SYEP)?

- SYEP is a **six-week internship program** designed to give the youth an opportunity to work during the summer.
- **Goal:** Provide youth with career exploration opportunities and paid work experience.
- Funded by Department of Youth and Community Development (**DYCD**)

What you will be doing:

- Project-based learning experience before entering the workplace at age 16
- Students will be placed in a classroom and work together on a community building project. Some examples:
 - Advocating for fully accessible taxis for people with disabilities
 - Changing the **whole** lunch menu at their school to improve nutrition for all students!
 - Running a new program in their school to help reduce bullying and empower their peers to safely intervene when they see someone being bullied

What does the student get out of the program?

- \$700 Stipend - Payment Breakdown:
 - **Week 1** - \$100
 - **Week 2** - \$100
 - **Week 3** - \$100
 - **Week 4** - \$100
 - **Week 5** - \$150
 - **Week 6** - \$150
 - **Total:** \$700

Benefits of SYEP at McKee High School:

- No lottery system- Guaranteed spot if given the application required documents before the deadline
- Once the student is 16, they will be eligible to work at one of UAU's partnered worksites to make minimum wage at an hourly rate



How Can I Apply?

- You can apply online using this website:
 - syepappinitatives.yepsonline.org
 - If applying online, you will need to enter this pin:
CR-91064-UAS
 - Please include the dashes!
- You can also bring out the paper application attached, fill it out and have your student bring them Ms. Danielle Barchitta in room 226.

If you have any questions please reach out to Ms. Barchitta:

Danielle Barchitta

718-420-2632

dbarchitta@unitedactivities.org

1. Social Security Number (Please be accurate)
 - -

2. Last Name

3. First Name

4. MI

5. Birth Date (MM/DD/YYYY) / /

6. Gender (Check one)
 Male Female

7. Citizenship Status (Check one)
 U.S. Citizen Permanent Resident Alien Other

8. Selective Service Registration # & Date- Males 18 years of age must be registered with the Selective Service System 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? No Yes
 If No; Go to question 14. If Yes, Name the Development:

14. Borough (Check One) Bronx Brooklyn Manhattan Queens Staten Island

15. Applicant's Ethnicity (Select One) Hispanic or Latino Not Hispanic or Latino

16. Applicant Race (Select One)
 Black or African American Asian American Indian or Alaskan Native White or Caucasian Native Hawaiian or Other Pacific Islander Other

17. Other than English, what Language are you most Comfortable speaking? (Check all that apply)
 Albanian Arabic Bengali Chinese (incl. Cantonese & Mandarin) French Fulani German Greek Gujarati Haitian Creole Hebrew Hindi Hungarian Italian Japanese Korean Kru, Ibo or Yoruba Mande Punjabi Persian Polish Portuguese Romanian Russian Spanish Tagalog Turkish Urdu Vietnamese Yiddish 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
 Currently Attending School Not in-school

25. Current Educational Status
 J.H.S. grade 6th 7th 8th
 H.S. grade 9th 10th 11th 12th
 College Freshman Junior Sophomore Senior

26. Please indicate the school system you attend
 DOE CUNY Other

a. What school did/do you attend?

b. Indicate last grade completed.
 Grade 0 - 8 High School Graduate/ HSE Grade 9-11 12+ Some Post-Secondary 2 or 4 year College Graduate

Income & Other Information

27. Total family income (gross) for the last SIX months \$

28. Number of family members currently living in applicant's household

a. Type of Applicant Household
 Single Parent Female Two Adults-No Children Single Person - No Children
 Single Parent Male Two Parent Home Other

29. Is applicant or applicant's family currently receiving public assistance? Yes No (Skip to #31)

30. Type of Public Assistance (Check all that apply)
 Family Assistance (formerly known as AFDC) S.S.I. Supplemental Nutrition Assistance Program (SNAP)
 Safety Net/Home Relief Other

31. Is the applicant any of the following (Check all that apply)
 Disabled Justice Involved/Offender Served in the Military
 Foster Care ACS Preventative Services Does Not Apply
 Homeless/Runaway Parent

Career Goals

32. Prior work experience? (paid or volunteer) Yes No

33. What is the applicant's long-term career goal? List three (3) options:
 1st 2nd 3rd

34. Do you have a bank account? Yes No

35. Interested in opening a bank account? Yes No

36. Interested in direct deposit? Yes No

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? Yes No

38. If NO, do you want to be contacted with information about public health insurance programs? 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. 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.

Applicant Signature _____ Date _____ Parent/Guardian Signature _____ Date _____