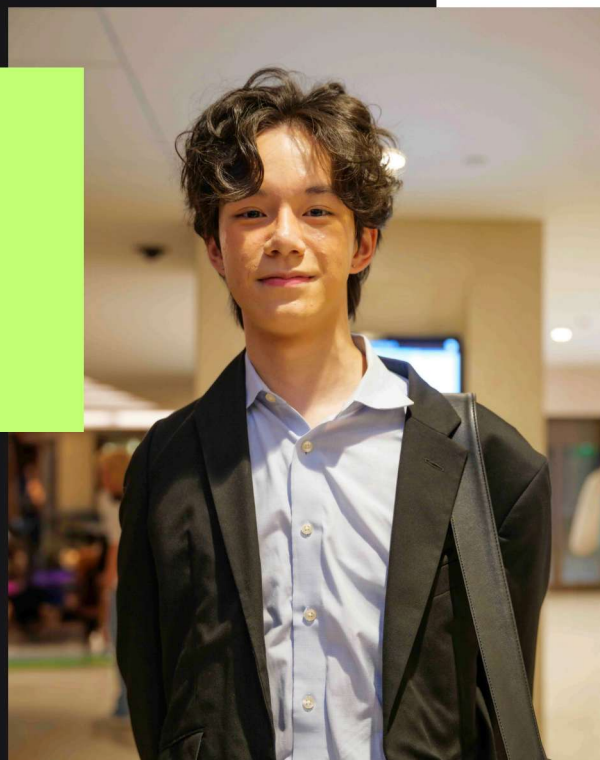


SYEP 2026



**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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you currently homeless?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you currently a runaway?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you receiving ACS Preventative Services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you justice-involved?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you served in the military?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you a parent?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you a current DOE D-79 student?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have an Individualized Education Program (IEP)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you a member of the Business LINK (HRA Cash Assistance Program)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you a victim of Human Trafficking?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you a Gender-Based/ Domestic Violence victim?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you currently receiving public assistance?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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 select 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.