



Application Process and Forms

Admissions Materials to be Submitted:

(Follow instructions and use forms in this booklet)

- Application form
- Documentation of identification and legal right to work (See page 6 for details)
- Personal essay question (Two Typed Double Spaced Pages)
- High school diploma or GED (GED Scores)
- One Official transcript in sealed envelope
- Two references (See page 13 for details)
- Recommendation Form (See page 14 for details)

Application deadlines for our September 2010 class are as follows:

1st Deadline: June 9th 2010

Extended Deadline: July 21st 2010

Note: Applicants are admitted on a rolling basis. Applications submitted after the deadline will be considered based on availability and may not be reviewed for admission for the cohort to which you intended to apply. Due to the high volume of applications we receive all applicants are strongly encouraged to apply well before these deadlines.

Admission Requirements

Dear Applicant

Thank you for your interest in Year Up! We provide ambitious urban high school graduates and GED recipients from low to moderate-income families with an opportunity to pursue training in IT/finance and earn college credits. After successful completion of the first six months, you will have an opportunity to work as an information technology or Investment operations intern in a corporate setting. This will help you prepare for jobs and further education.

This packet explains what is required of you throughout the admissions process and how to contact us for additional help. An application and other forms are also included. Please fill out this application carefully; make sure you answer all questions.

If you have any questions, please contact us and we'll be happy to answer them. We welcome you to the admissions process and look forward to receiving your application!

Best Regards,
The Year Up Staff

For More Information

Please visit our web site for more information about our program: www.yearup.org

Open Houses every Tuesday from 1:00-4:00PM

Questions? ...How to apply?

1. Fill out an **Interest Form** online(www.yearup.org), at our office, or over the phone.

2. Complete an **Application**, which can be printed out from our website or obtained in person at our office.

3. Schedule an **Interview** with our admission team; you will submit your Application when you come in for the interview.

Year Up Requirements

You must:

- Be 18-24 years of age
- Have a high school diploma or GED certificate by the time you start the program
- Be low to moderate income
- Be a U.S. citizen, permanent resident, or have an employment authorization card
- Demonstrate ambition, commitment, and interest in technology

Practical Requirements

- Be responsible for your own transportation (public or private) to our Year Up location in lower Manhattan to an internship site in the greater New York area.
- Be available five days each week (Mon. - Fri. 8:30 am - 3:30 pm; internship hours vary) for the full year of the program.
- You are responsible to arrange day care for your children.

Admissions Deadlines

The Year Up program begins in March or in September. Application materials are accepted on a Rolling Admissions basis until each class is filled.

Late applications may be deferred until the next term.

The Year Up admissions process consists of three steps, each of which will be used to evaluate candidates.

- Application
- Interview
- Learning Assessment

We are located at 55 Exchange Place, Suite 403 (take the 2/3 or 4/5 trains to Wall St. or the J/M/Z to Broad St.).
For more information call us at (212) 785-3340 ext 1338 or admissionsnyc@yearup.org



Request for Official Transcripts of Credits

To the Registrar or Guidance Officer of: (Name of High School or College) Please forward **TWO** official copies of my academic transcripts to Year UP, in two sealed envelopes. Please inform me if you cannot release my transcripts.

Last Name _____ First name _____ Middle initial _____
Date _____ Maiden or former name _____
Address _____ Apt. no. _____ City _____ State _____
Zip _____ Soc. Sec.# _____ - _____ - _____ Date of birth ____ - ____ - ____ (MM-DD-YY)
Date of graduation or years in attendance _____ Degree received _____
Major _____
Signature _____

Please mail my official transcripts to:

**Year Up NYC – Admissions
55 Exchange Place, Suite 403
New York, NY 10005**

Request for Official Transcripts of Credits

To the Registrar or Guidance Officer of: (Name of High School or College) Please forward **TWO** official copies of my academic transcripts to Year UP, in two sealed envelopes. Please inform me if you cannot release my transcripts.

Last Name _____ First name _____ Middle initial _____
Date _____ Maiden or former name _____
Address _____ Apt. no. _____ City _____ State _____
Zip _____ Soc. Sec.# _____ - _____ - _____ Date of birth ____ - ____ - ____ (MM-DD-YY)
Date of graduation or years in attendance _____ Degree received _____
Major _____
Signature _____

Please mail my official transcripts to:

**Year Up NYC – Admissions
55 Exchange Place, Suite 403
New York, NY 10005**

Application

Please **PRINT CLEARLY** and fill out **COMPLETELY**
Use black or blue pen

Date of application (MM/DD/YY): ___/___/___
Desired entry date: Fall Spring of Year _____

Personal Information

First name _____	Middle name _____
Last name _____	Maiden/Former name _____
Address _____ Apt #: _____	
City _____	State _____ Zip _____
Home phone (____) _____	Cell phone/Pager (____) _____
Work phone (____) _____	Email _____
Date of birth (MM/DD/YY) ___/___/___	Gender: <u>F</u> <u>M</u> Social Security number: _____ - _____ - _____ <small>(Circle one)</small>
If you wish to be identified as a member of any of the following groups, please check one	
<input type="checkbox"/> Asian or Pacific Islander	<input type="checkbox"/> Native American
<input type="checkbox"/> White, non-Hispanic	<input type="checkbox"/> Hispanic
	<input type="checkbox"/> Black, non-Hispanic
	<input type="checkbox"/> Other, what? _____
Which language(s) do you speak? _____	

Are you **legally permitted to work in the U.S.**? Yes No

If you are a U.S. permanent resident, please enclose photocopies of your alien registration card (both sides)

If your current permission to work in the U.S. will expire, please indicate when. _____

Please describe any conditions that would cause your right to work in the U.S. to be revoked. _____

Documentation of identification and legal right to work Please enclose photocopies of the following:

ONE of these documents

- U.S. passport
- Certificate of U.S. citizenship
- Certificate of naturalization
- Permanent resident card
or alien registration receipt card

OR

ONE official picture ID:

- Driver's license
- U.S. military card
- State ID
- Non-U.S. passport

AND ONE of these documents

- U.S. Social Security card
- U.S. birth certificate
- U.S. citizen card
- Certification of birth abroad issued by the U.S. Dept of State
- ID card for use of resident citizen
- Unexpired employment authorization card

Education

High School/GED

Have you received or will you receive any of the following diplomas?

High school diploma GED certificate

What is the name of your high school or your GED program? _____

What is your actual or expected graduation date? (MM/DD/YY) ___ / ___ / ___

Undergraduate Study (If any, official transcripts required) *(If you have attended more colleges, please ask a staff person for another Undergraduate Study sheet)*

Have you ever taken college classes? Yes No

If yes, for each college attended, state name of college, type of program or your concentration, degree received, dates attended, and number of credits earned, if applicable:

College / Institution 1: _____ **Program / Concentration:** _____

Type of degree: Associate's Bachelor's Master's PhD

When did you attend? Start Date: (MM/DD/YY) ___ / ___ / ___ End Date: (MM/DD/YY) ___ / ___ / ___

Degree earned: Associate's Bachelor's Master's None Number of credits earned: _____

College / Institution 2: _____ **Program / Concentration:** _____

Type of degree: Associate's Bachelor's Master's PhD

When did you attend? Start Date: (MM/DD/YY) ___ / ___ / ___ End Date: (MM/DD/YY) ___ / ___ / ___

Degree earned: Associate's Bachelor's Master's None Number of credits earned: _____

Training / Certifications *(If you have attended more programs, please ask a staff person for another Training section sheet)*

Have you ever attended any technical, vocational, or job training programs? Yes No

If yes, for each program attended, answer the following:

Name of Institution / Organization 1: _____ **Program name:** _____

Type of program: Certificate program Education/Training program not resulting in certificate or degree

How long was the program (in Months)? _____ Did you complete the program? Yes No

When did you attend? Start Date: (MM/DD/YY) ___ / ___ / ___ End Date: (MM/DD/YY) ___ / ___ / ___

Did you earn a certificate? Yes No If yes, what type of certificate did you earn? _____

Did the program teach a job skill? Yes No If yes, what type of job skill did you learn? _____

Name of Institution / Organization 1: _____ **Program name:** _____

Type of program: Certificate program Education/Training program not resulting in certificate or degree

How long was the program (in Months)? _____ Did you complete the program? Yes No

When did you attend? Start Date: (MM/DD/YY) ___ / ___ / ___ End Date: (MM/DD/YY) ___ / ___ / ___

Did you earn a certificate? Yes No If yes, what type of certificate did you earn? _____

Did the program teach a job skill? Yes No If yes, what type of job skill did you learn? _____

Employment History

Please answer the following questions about the longest paid job you have ever had. This includes full-time or part-time regular jobs, odd jobs such as painting, repair work, babysitting, or hairdressing, temporary jobs or any other jobs at which you worked at least 10 hours during any single month.

<u>Longest Job</u>	
What is the name of the organization or the person for whom you worked? _____	
What kind of work did you do at this job? _____	
How long did you work at this job? <i>Please circle appropriate duration</i> _____ days / weeks / months / years	
What was your ... Start Date: (MM/DD/YY) ___ / ___ / ___	End Date: (MM/DD/YY) ___ / ___ / ___
Number of hours usually worked per week _____	Number of weeks usually worked per month _____
Hourly wage (before taxes) when you first started working at this job \$ _____	
Current Hourly wage (before taxes) or wage when you stopped working at this job \$ _____	
Was medical insurance offered? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you currently working at this job? <input type="checkbox"/> Yes <input type="checkbox"/> No	

The following sections are about paid work you have done during the past 12 months including any jobs you have now. Please answer the questions for each job you had during the past 12 months. Please include all full-time or part-time regular jobs, odd jobs such as painting, repair work, babysitting, or hairdressing, temporary jobs or any other jobs at which you worked at least 10 hours during any single month.

Note: If one of the jobs you had during the past 12 months was the longest job you ever had that you described above, you do NOT need to answer these questions for that job again. Only answer the questions for the other jobs you had during the past 12 months that were NOT the longest job.

<u>Most recent job during the past 12 months</u>	
What is the name of the organization or the person for whom you worked? _____	
What kind of work did you do at this job? _____	
How long did you work at this job? <i>Please circle appropriate duration</i> _____ days / weeks / months / years	
What was your ... Start Date: (MM/DD/YY) ___ / ___ / ___	End Date: (MM/DD/YY) ___ / ___ / ___
Number of hours usually worked per week _____	Number of weeks usually worked per month _____
Hourly wage (before taxes) when you first started working at this job \$ _____	
Current Hourly wage (before taxes) or wage when you stopped working at this job \$ _____	
Was medical insurance offered? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you currently working at this job? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Second most recent job during the past 12 months

What is the name of the organization or the person for whom you worked? _____

What kind of work did you do at this job? _____

How long did you work at this job? *Please circle appropriate duration* _____ days / weeks / months / years

What was your ... Start Date: (MM/DD/YY) ___ / ___ / ___ End Date: (MM/DD/YY) ___ / ___ / ___

Number of hours usually worked per week _____ Number of weeks usually worked per month _____

Hourly wage (before taxes) when you first **started** working at this job \$ _____

Current Hourly wage (before taxes) or wage when you **stopped** working at this job \$ _____

Was medical insurance offered? Yes No

Are you currently working at this job? Yes No

Third most recent job during the past 12 months

What is the name of the organization or the person for whom you worked? _____

What kind of work did you do at this job? _____

How long did you work at this job? *Please circle appropriate duration* _____ days / weeks / months / years

What was your ... Start Date: (MM/DD/YY) ___ / ___ / ___ End Date: (MM/DD/YY) ___ / ___ / ___

Number of hours usually worked per week _____ Number of weeks usually worked per month _____

Hourly wage (before taxes) when you first **started** working at this job \$ _____

Current Hourly wage (before taxes) or wage when you **stopped** working at this job \$ _____

Was medical insurance offered? Yes No

Are you currently working at this job? Yes No

If you had another job during the past 12 months, please ask a staff person for another Employment History sheet

Personal and household information for Year Up

How many people live in your household? _____

Are you the head of your household? Yes No

Not counting yourself, how many adults ages 18 or older live with you? _____

Do any of the adults ages 18 or older who live with you have a physical or mental health problem that keeps them from doing regular activities like walking or getting dressed?

Yes No If yes, are you responsible for this person's care? Yes No

Do you have a physical, mental, or other health condition that we need to know about in order to accommodate you?

Yes No

Year Up does not discriminate on the basis of disability. If you have an Individual Education Program (IEP), Year Up will work with you to implement it at Year Up to the extent it is reasonable to do so.

What type of health insurance do you have for yourself?

None Medicaid Private/other insurance, what? _____

Do you have any children? Yes No *If yes, please answer the following questions. If no, please continue to the next section*

How many children do you have? _____

How many of your children live with you? _____

If your children live with you, what full-time day-care options do you have available for them? *(Please check all that apply)*

- Child enrolled in a day care center Child enrolled in head start
- Relative or non-relative cares for child in my home Child enrolled in a before and after school care program
- Relative or non-relative cares for child in her/his home
- Other: _____
- None or not sure

Do you have a child support order issued by the court or child support agency that requires you to pay child support for any of your children? Yes No

What type of health insurance do you have for your children?

- Children don't live with me None
- Medicaid Child or Family Health Plus Insurance
- Private/other insurance, what? _____

What is your current living situation? *(Please check only one answer)*

- Own my own house Rent a house or apartment
- Live with someone else and pay rent Live with someone else and do not pay rent
- Live in a shelter, halfway house or other group housing Currently homeless

Do you live in: Public Housing Subsidized Housing Section 8

Do you currently live with: Parent/Legal guardian Alone Other: _____

How many times have you moved during the past two years? _____

How long does it take you to walk to the nearest bus or train stop from where you live? _____

Do you have a valid driver's license? *Valid means NOT suspended or expired*

Yes No

Do you have a vehicle that you can use every day? Yes No

Personal and household information for Year Up, continued

Are you currently receiving government assistance? Yes No *If yes, please specify below:*

WIC	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unemployment insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No
Safety Net	<input type="checkbox"/> Yes <input type="checkbox"/> No	TANF (Temporary Assistance for Needy Families)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Food Stamps	<input type="checkbox"/> Yes <input type="checkbox"/> No	Supplemental Security Income, Aid to the Disabled	<input type="checkbox"/> Yes <input type="checkbox"/> No
Veteran's benefits	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other: _____	

Are you currently receiving any of the following forms of assistance?

Child support	<input type="checkbox"/> Yes <input type="checkbox"/> No	Income or other support from family or spouse/partner	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Other: _____

What is your personal annual income? _____

What is your household income? _____

Conviction and rehabilitation record *(Conviction of a crime (which includes a guilty plea to a criminal charge) will not necessarily disqualify you from admission to the program. Year Up will consider several factors, including the degree to which the conviction relates to the program's duties and responsibilities, the time elapsed since the conviction, the gravity of the offense, and evidence demonstrating rehabilitation)*

Have you ever been convicted of any felony?

Yes No If yes, describe conditions: _____

Have you been convicted of any felony in the past five years?

Yes No If yes, describe conditions: _____

Have you been convicted of any misdemeanor in the past five years (other than a first conviction for drunkenness, simple assault, speeding, minor traffic violations, affray or disturbing the peace)?

Yes No If yes, describe conditions: _____

Have you been convicted of any other offense in the past five years?

Yes No If yes, describe conditions: _____

Further information (optional)

You may attach a separate resume with any additional information that might help us evaluate your qualifications (e.g., special projects or recognition, description of schooling – especially if interrupted).

Contact Information

Complete the following contact information for four relatives, friends, or other people you know who **do not** live with you and who are likely to know where to find you two years from now. Please list people at **different** addresses.

Contact #1

First name _____ Middle initial _____ Last name _____

Relationship to applicant _____

Address _____ Apt. _____

City _____ State _____ Zip _____

Home phone (____) _____ Whose name is phone listed under? _____

Work phone (____) _____ Cell phone (____) _____

E-mail address _____

Contact #2

First name _____ Middle initial _____ Last name _____

Relationship to applicant _____

Address _____ Apt. _____

City _____ State _____ Zip _____

Home phone (____) _____ Whose name is phone listed under? _____

Work phone (____) _____ Cell phone (____) _____

E-mail address _____

Contact #3

First name _____ Middle initial _____ Last name _____

Relationship to applicant _____

Address _____ Apt. _____

City _____ State _____ Zip _____

Home phone (____) _____ Whose name is phone listed under? _____

Work phone (____) _____ Cell phone (____) _____

E-mail address _____

Contact #4

First name _____ Middle initial _____ Last name _____

Relationship to applicant _____

Address _____ Apt. _____

City _____ State _____ Zip _____

Home phone (____) _____ Whose name is phone listed under? _____

Work phone (____) _____ Cell phone (____) _____

E-mail address _____

Personal statement / Essay question (REQUIRED; Attach to application)

Please respond to the essay question below on separate paper. Your response must be at least two typewritten, double-spaced pages, 12 pt., in paragraph form. * TIP: See essay ideas below.

Essay Question: *Why do you want to join Year Up and why do you believe you are a good candidate for Year Up? Briefly describe your experience and learning, including learning outside the classroom, such as employment, family, military, volunteer work, and participation in community organizations Explain your reasons for further study, and personal and career goals. Your answer will be evaluated for content, grammar, spelling, and your ability to communicate and express your thoughts clearly and concisely.*

ESSAY QUESTION IDEAS!

Your essay should be 2-3 typed, double-spaced pages in paragraph form. Why do you want to join *Year Up* and why do you believe you are a good candidate for Year Up? Briefly describe *your experience and learning*, including learning outside the classroom, such as employment, military, volunteer work and participation in community organizations. Tell us a little about yourself or your family – what is “your story”? Explain your *reasons for further study, and personal and career goals*. Your answer will be evaluated for content and your ability to communicate and express your thoughts clearly and concisely.

Here are some essay topic ideas!

1. Where were you born?
2. Where did you grow up?
3. What school did you attend?
4. Why computers or Investment Operations at Year Up?
5. Why do you want to earn college credit?
6. What kind of career are you interested in?
7. If you are working now, what are you doing? Do you enjoy this?
8. What have you done for your community?
9. How did you hear about Year Up?
10. Was there an inspirational moment in your life?
11. Where do you see yourself 5 years from now?

Parent or guardian *For applicants under the age of 18, your parent or guardian must fill out the following:*

Name (print) _____ Relationship _____

Home phone (_____) _____ Work phone (_____) _____

Home address _____ Apt. #: _____

City _____ State _____ Zip _____

I have reviewed this application and I authorize my son/daughter/legal ward to apply to Year Up.

Signature _____ Date _____

Read carefully and sign

Equal Opportunity All applicants will be given equal consideration. No question on this form will be used to screen out or discriminate against any candidate. Year Up does not discriminate on the basis of race, color, national origin, sex, age (except as necessary for the normal operation of the program or to meet a statutory objective), gender including gender identity, disability, sexual orientation, religion, marital status, veteran status, or any other characteristic protected by law.

I certify that I have read and understand the information in this application booklet and that the information I have supplied is true and complete to the best of my knowledge. Students found to have supplied false information will be denied admission or, if admitted, face immediate disenrollment.

Signature _____ **Date** _____

DISCLAIMER
Occasionally photos and videos are taken of classes and other activities to show others what they are like. I hereby give Year Up permission to use such images of myself in activities for public relations, marketing, and other purposes.

Please call us to schedule an Interview with our admissions team; you will then submit your application when you come in for an interview. All other materials should be mailed in an envelope with the correct amount of postage to:

**Year Up NYC – Admissions
55 Exchange Place, Suite 403
New York, NY 10005**

Additional References *(REQUIRED)*

In addition to the recommendation form, please provide us with the names of two or three additional references that we can contact. Examples of appropriate references include a **teacher, guidance counselor, coach, clergy person, supervisor, mentor**, or other adult in your community who knows you well enough to comment on your character and ability. (Family members and close friends are *not* acceptable references.)

Reference Name	Organization or Place of Employment	Phone Number & Email	Relationship to You
1.			
2.			



Recommendation Form *(REQUIRED)*

Recommender: please complete this form, seal it in an envelope, and sign across the seal. Return it to the Year Up applicant to be submitted with application.

For the Year Up Applicant

One recommendation is required.

Please ask a teacher to respond, or your guidance counselor, coach, clergy person, supervisor, mentor, or other adult in your community who knows you well enough to comment on your character and ability (**family member or close friend not acceptable**).

Applicant's First and Last Name _____

Recommender's First and Last Name _____

Recommender's Profession and title _____

Recommender's company, school or organization _____

Relationship to applicant _____

Recommender's phone number(s): _____

Email: _____

For the Recommender

Dear Respondent,

The young person named above is applying for a one-year educational and internship opportunity with Year Up. Year Up is a nonprofit organization that gives urban young adults the opportunity to learn technical and professional skills (first six months) and apply those skills in a professional setting through an internship with a corporate partner (second six months), while earning a stipend throughout the program.

Candidates must show a tremendous amount of commitment, character, competency, and initiative throughout their one-year commitment. Your observations of the applicant's character, leadership ability, computer skills, and aptitude will play a role in determining the applicant's suitability for this program.

Please provide your recommendation through your answers to the questions below. Upon completion, this reference form should be sealed in an envelope with your signature written across the seal, and returned to the applicant to submit to Year Up. Thank you for your time! Your input is important to us and we look forward to hearing from you.

Sincerely,
The Year Up Admissions Committee

Assessment of Applicant

1. How long have you known the applicant? In what capacity have you known the applicant?
2. What do you consider to be the applicant's strengths or talents, especially those that may be relevant to the Year Up program?
3. What do you consider to be the applicant's weaknesses?
4. What is your overall recommendation regarding this applicant's eligibility and ability to succeed in the Year Up program, and ultimately, in a professional environment? (Use space below or feel free to submit an attachment.)

5. Please provide any other information that will help us evaluate this candidate's ability to succeed in the Year Up program and ultimately, in a professional environment where they earn college credit. (Use space below or feel free to submit an attachment.)

6. Please feel free to comment on any of the characteristics for which you gave the applicant a very high or low rating below. (Use space below or feel free to submit an attachment.)

7. Please evaluate the applicant in the following areas by marking the appropriate box below for each item.

Skill or Quality	Strong “Yes” or Very Good	Okay or Average	Needs Work	Don’t Know
Basic computer/pc skills				
Works well with peers				
Takes initiative				
Demonstrates responsibility, follow-through, and commitment to task				
Conflict resolution skills				
Time management skills				
Leadership ability				
Demonstrates integrity				
Record of attendance and being on time				
Critical thinking and problem solving skills				
Reads and writes at or near high school graduate level				
Demonstrates age-appropriate maturity				
Positive Attitude				

Recommender’s Signature _____ Date _____

Please return completed recommendation to the applicant in an envelope signed across the seal.