

One application will be accepted for each applicant. Completed applications will be entered into a lottery to determine those applicants who will be offered a position in the Summer Youth Employment Program. SUBMISSION OF AN APPLICATION DOES NOT GUARANTEE ELIGIBILITY OR ENROLLMENT INTO THE PROGRAM. The following application items: Spoken Language, Disability Status is voluntary and will be treated with confidentiality. They cannot be used to affect your status in receiving employment, benefits and/or services. Information provided may be used by the City of New York to improve City services or to access additional funding.

1. Social Security Number (Please be accurate)

113-98-1110

Application ID: 7468046

2. Last Name

Grullon

3. First Name

Miguel

4. MI

A

5. Birth Date

03/30/1994

6. Gender

Male

7. Citizenship Status

Permanent Resident Alien

Males 18 and over, must be registered with Selective Service:

8. Registration

9403737878

Registration Date

04/23/2012

Will supply registration info later?

No

9. Alien Number:

060855569

USCIS Form Number: src1000350617

10. Street Address:

545 West 126Th Street

11. Apt

6e

12. Zip Code

10027

13. Borough

Manhattan

14. Do you live in a NYC Housing Authority (NYCHA)?

Yes

If Yes, Name the Development:

Manhattanville

15. Ethnicity

Hispanic

16. Race

Hispanic

17. Languages

Spanish

18. Applicant's Home Phone

646-559-9426

19. Applicant's Cell Phone

646-851-5078

20. Applicant's Email

migue30g@gmail.com

21. Name of Parent or Legal Guardian: Last Name

Rojas

22. First Name

Ana

23. Emergency Contact Phone

347-435-4515

Educational Status

24. Current Educational Status

Not attending school; HS Graduate

College:

Educational-Student Type

Part-Time Student

25. Current grade if in High School or below. If not in HS, indicate the last grade completed:

12

26. What school did/do you attend?

Harlem Renaissance High School

Income & Other Information

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

\$30000.00

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

4

a. The applicant lives in a household that is headed by:

Two Parent Household

29. Is the applicant or the applicant's family currently receiving public assistance?

No

30. Type of Public Assistance:

N/A

31. Is the applicant any of the following:

☐ Disabled☐ Runaway☐ Parent☐ Foster Care☐ Offender/Court Involved☐ Served in Military☐ Homeless☐ ACS Preventative Services

Career Goals

32. What is the applicant's long-term career goal?

Graphic Design, Information Technology, Arts & Entertainment

33. Do you have prior work experience, either paid or volunteer?

Yes

34. Do you have a bank Account?

No

35. Would you be interested in opening a Savings Account?

Yes

36. Would you like to be paid through Direct Deposit?

Yes

Addt'l Info

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

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

N/A

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

SYEP Provider Intake Officer Signature

Date

The status of your application can be found at www.nyc.gov/dycd