

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)

121-92-1707

2. Last Name

Wu

3. First Name

Yu Xuan

4. MI

5. Birth Date

12/03/1997

6. Gender

Male

7. Citizenship Status

U.S. Citizen

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

9. Alien Number:

USCIS Form Number:

8. Registration #

9711594599

Registration Date

11/03/2015

Will supply registration info later?

No

10. Street Address:

2078 East 53rd Place

11. Apt #

12. Zip Code

11234

13. Borough

Brooklyn

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

No

If Yes, Name the Development:

15. Ethnicity

Non-Hispanic

16. Race

Asian

17. Languages

None

18. Applicant's Home Phone #

929-500-6548

19. Applicant's Cell Phone #

929-500-6548

20. Applicant's Email

yuxu.wu1@gmail.com

21. Name of Parent or Legal Guardian: Last Name

Wu

22. First Name

Huiyao

23. Emergency Contact Phone #

917-815-2222

Application ID: 1696390

Educational Status

24. Current Educational Status

College Student

College:

Sophomore

Educational-Student Type

Full-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?

Binghamton University

Income & Other Information

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

\$20000.00

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

5

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

☐ Foster Care

☐ Homeless

☐ Runaway

☐ Offender/Court Involved

☐ ACS Preventative Services

☐ Parent

☐ Served in Military

Career Goals

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

Information Technology, Science & Mathematics, Education

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

Yes

34. Do you have a bank Account?

Yes

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

Not Collected

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