

## Steps in the Admission Process

### **Step 1: Attend an Open House or complete an interest form online.**

Open House is held every Wednesday from 2:30pm until 4pm at 93 Summer Street.

The online student interest form can be found at: [www.yearup.org/apply/interestform.htm](http://www.yearup.org/apply/interestform.htm). Once completed, a member of our staff will contact you about attending an open house.

### **Step 2: Submit a completed application**

A complete list of application materials is on page 2.

The **extended application deadline is February 3, 2012.**

### **Step 3: Participate in Interviews**

The second step is to participate in interviews that will be scheduled for qualified candidates. Year Up will contact candidates to arrange these interviews.

### **Step 4: Take a Learning Assessment**

The final step is an evaluation of your basic computer (PC) skills and basic writing and communication skills. Year Up will contact qualified candidates to arrange the learning assessment.

**Decisions:** During each step of the admissions process, applicants will be notified if they have or have not qualified for the next step. Applicants who are accepted to Year Up will be notified via phone or mail. A confirmation of acceptance will be expected from the candidate within two weeks of the date of their letter of acceptance.

**Program Start Date: March 6th, 2012.** There will be a mandatory pre-orientation for all accepted students on Tuesday, February 28, 2012.

## Required Forms for Admission

- Application form**.....pages 4-11  
Please be sure to answer all questions. Where requested, we do require that you list dates of completion. If you have any questions or concerns with completing any portion of the application, you should talk with a member of our admission team.
- Documentation of identification and legal right to work in the US**
- |  |           |  |
|--|-----------|--|
| <p><b>ONE of these documents</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> U.S. passport</li> <li><input type="checkbox"/> Certificate of U.S. citizenship</li> <li><input type="checkbox"/> Certificate of naturalization</li> <li><input type="checkbox"/> Permanent resident card or alien registration receipt card</li> </ul> | <b>OR</b> | <p><b>ONE official picture ID:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Driver's license    <input type="checkbox"/> State ID    <input type="checkbox"/> U.S. military card</li> </ul> <p><b>AND ONE of these documents</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> U.S. Social Security card</li> <li><input type="checkbox"/> U.S. birth certificate</li> <li><input type="checkbox"/> U.S. citizen card</li> <li><input type="checkbox"/> Certification of birth abroad issued by the U.S. Department of State</li> <li><input type="checkbox"/> ID card for use of resident citizen</li> <li><input type="checkbox"/> Unexpired employment authorization card</li> </ul> |
|--|-----------|--|
- 2 page personal statement/essay**.....page 11 and 18  
Page 18 lists additional essay ideas. Your essay should be typed, 12 point font, double spaced, and 2 pages in length. Unlike most other application materials, the essay can be submitted via email (call for details).
- Two references**.....page 12  
On the form provided please list the names and contact information requested for two (2) references that we may contact to learn more about you. We require professional references, which means you should not list family members or friends.
- Proof of health insurance**.....page 13  
In order to prove you have valid health insurance, please complete the form on page 13. A copy of your health insurance card is not required.
- Recommendation form**.....pages 14-15  
A recommendation is required as part of your application. Your recommendation does not have to come from one of the people you listed as a reference. Your recommender can fill out the form on pages 14-15 OR submit a letter if preferred.
- 2 copies of your official high school transcript - OR - 2 official GED test score results**  
In order to count as an "official" copy, your transcript must include the school seal, a signature and your graduation date and be sealed in an envelope by a school official. For those submitting official GED test score results, please note that we will need to keep the original, official copy.
- Immunization record & signed form**.....page 16  
Your doctor may give you a print out of your immunizations in place of filling out the form on page 16. In this case, please fill out the top portion of the form and sign your name at the bottom.
- Resume**.....Page 17  
Page 17 provides you with a sample resume format that you can use to create your resume. If you already have a resume, just make sure it is up to date before submitting.
- Free Application for Federal Student Aid (FAFSA)**.....Page 19  
You can complete the FAFSA online at [fafsa.ed.gov](http://fafsa.ed.gov). Page 19 provides information on completing the FAFSA and listing for 2 free resource centers that are available to assist you in completing it. Once you have completed the FAFSA, please print out the confirmation page to submit as proof of completion.

### In order to qualify for admission to Year Up, students must...

- Be **18-24** years of age
- Have a High School **Diploma** or **GED**
- Have a personal income that falls in the low or moderate range
- Be motivated to learn
- Have legal residency or work authorization in the US

### Year Up is an intensive one-year program providing hands-on skill development and corporate internship opportunities for urban youth.

- Year Up was founded in 2001 in Boston, MA and has since expanded to 8 other cities across the nation.
- Students have the opportunity to train in either Information Technology (IT) or Financial Operations and to learn the professional skills necessary for success in the business world.
- Students earn a weekly stipend and up to 18 college credits from Cambridge College.
- Year has an 75% student retention rate.
- 100% of qualified students are placed into apprenticeships.
- 90% of apprentices meet or exceed partner expectations.
- 85% of graduates place in full or part-time positions, and, within 4 months of graduation, average about \$15.25/hr in pay.

### About the program...

- The Year Up program begins in September and March.
- The year-long program is broken into two, 6 month periods:
  1. The first six months are spent in training at Year Up in either IT or Financial Operations.
  2. The second six months are spent as an intern at a local company or community based organization.
- Classes take place from 8:30 a.m. until 3:30 p.m. Monday through Friday, except for Wednesday, when classes are from 8:30 a.m. until 11:30 a.m.
- Internships are Monday through Friday; work hours will vary depending on the students internship site.

### If you are considering an application to Year Up, please note...

- Application materials are accepted on a Rolling Admissions basis until each class is filled. **Late applications may be deferred until the next term.**
- *All application materials become part of a permanent record, are the property of Year Up, and are not returnable.*
- **Notification of acceptance** to Year Up will be made to applicants by mail. At each step of the admissions process, applicants will be notified as to whether or not they have or have not qualified for the next step.

# 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: <input type="checkbox"/> F <input type="checkbox"/> M	
(Circle one)	
Social Security number: _____ - _____ - _____	
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 <b>legally permitted to work in the U.S.</b> ? <input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If you are a U.S. permanent resident, please enclose photocopies of your alien registration card (both sides)</i>
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  State ID
- U.S. military card

### 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.

### Longest Job

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

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.

### 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

**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
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 the essay ideas sheet attached at the end of this application**

**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.*

**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.

Signature \_\_\_\_\_

# Two References

In addition to the recommendation form, please provide us with the names of two or three additional references that we could contact. Examples of appropriate references include a **teacher, social worker, 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)

Your Name (Applicant) \_\_\_\_\_

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



## HEALTH INSURANCE WAIVER

The Commonwealth of Massachusetts requires all degree students who attend a Massachusetts college to have health insurance. To comply with this regulation, you **MUST** complete this form and return it to your admissions counselor as soon as possible.

Yes, I have health insurance

Your Name (please print) \_\_\_\_\_

My insurance carrier \_\_\_\_\_

My insurance identification number \_\_\_\_\_

My signature \_\_\_\_\_ Date \_\_\_\_\_

\*If you do not have health insurance you can see a Year Up admissions counselor to learn about "Real Benefits" to sign up for Mass Health.



# Recommendation Form

*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**).

Your Name (applicant) \_\_\_\_\_

Recommender's name \_\_\_\_\_

Profession and title \_\_\_\_\_

Name of company, school or organization \_\_\_\_\_

Relationship to applicant \_\_\_\_\_

Recommender's phone number(s): work \_\_\_\_\_

Home \_\_\_\_\_ cell \_\_\_\_\_

## 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 Boston Admissions Staff

## 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 evaluate the applicant in the following areas by marking the appropriate box below for each item. **Check One**

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 / pro-active				
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 and overall disposition				

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

7. 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.)

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



# Certification of Immunizations

Please complete, sign and return to:  
 Year Up Boston Admissions  
 93 Summer Street, 2<sup>nd</sup> floor  
 Boston, MA 02110

Please type or print clearly

Name \_\_\_\_\_ Maiden or Former Name \_\_\_\_\_

Address \_\_\_\_\_ Apt Number \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Social Security Number \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Date of Birth \_\_\_\_ - \_\_\_\_ - \_\_\_\_

**Immunizations**

**Measles**

Date first live vaccine given (MM-YY) \_\_\_\_ - \_\_\_\_

Date second live vaccine given (MM-YY) \_\_\_\_ - \_\_\_\_

Date of positive serological test (MM-YY) \_\_\_\_ - \_\_\_\_

**Mumps**

Date of vaccination or positive serological test (MM-YY) \_\_\_\_ - \_\_\_\_

**Rubella**

Date of vaccination or positive serological test (MM-YY) \_\_\_\_ - \_\_\_\_

**Diphtheria**

Date basic series (three doses) completed (MM-YY) \_\_\_\_ - \_\_\_\_

Vaccine type (Circle) : DPT TD D T

**Tetanus** (Students must have this every 10 yrs)

Date basic series (three doses) completed (MM-YY) \_\_\_\_ - \_\_\_\_

Vaccine type (Circle) : DPT TD D T

**Diphtheria-Tetanus Booster**

Date of vaccination: (MM-YY) \_\_\_\_ - \_\_\_\_

Last dose or booster must be within 10 years

**Hepatitis B**

Date given (MM-YY) \_\_\_\_ - \_\_\_\_

**Exemption**

The only circumstances in which you may exempt are:

- Part Time Study (less than 12 credits undergraduate study per term; less than eight credits graduate study per term)
- Birth before 1956
- Conflicts with your religious beliefs (explain in space below)
- Your physician, who has personally examined you, is of the opinion that your health would be endangered by the required immunizations (explain below)

Medical practice/School \_\_\_\_\_  
 Address \_\_\_\_\_

Physician/Nurse/School Official Name (Print) \_\_\_\_\_

Physician/Nurse/School Official Signature / Date \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

***YOUR NAME***  
Street Address  
City, State Zip Code  
Phone Number | Email Address

**Skills**

- General characteristic or personal attribute
- Language skills or technical proficiency in a subject of relevance
- Something else the employer should know, a skill or trait

**Work Experience** (Create 3 -4 complete bullet statements based on work experience)

*Workplace*

*City, State*

*Job Title*

*Dates*

- Bullet statement
- Bullet statement
- Bullet statement

*Workplace*

*City, State*

*Job Title*

*Dates*

- Bullet statement
- Bullet statement
- Bullet statement

*Workplace*

*City, State*

*Job Title*

*Dates*

- Bullet statement
- Bullet statement
- Bullet statement

**Education**

*High School or GED Program*

*City, State*

*Dates*

*College Name*

*City, State*

*Dates*

**Awards/Additional Training/Volunteer/Organizations**

- Organization, what was done or received, when

## 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 Information Technology of Financial 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?

# INFO ON COMPLETING FAFSA (Free Application for Federal Student Aid)

Though Year Up pays tuition costs, all applicants must file a FAFSA prior to starting the program. If you are under 24, do not have children, and have parents or legal guardians working and living in the U.S., you will need to submit a parent or legal guardian's most recent tax returns or W-2.

When filing your FAFSA at [www.fafsa.ed.gov](http://www.fafsa.ed.gov) make sure you:

- File for the **2011-2012** school year (**NOT** the 2012-2013 school year)
- Use the Cambridge College FAFSA Code (021829)

**After completing the FAFSA online, please print and submit your confirmation page which begins: "Congratulations, (Your Name)!" Your FAFSA was successfully submitted to Federal Student Aid"**

That Confirmation page should also include:

- the school year you filed for (should be 2011-2012)
- Your EFC (estimated family contribution)
- Cambridge College in the School Name section

For additional information or for help filling a FAFSA, contact ACCESS or TERI for free financial aid advisors.

ACCESS  
31 St. James Avenue, Suite 520 (Copley Square)  
Boston, MA 02116  
617-778-7195  
[www.accessboston.org](http://www.accessboston.org)

TERI College Access Center  
700 Boylston St (Boston Public Library)  
Boston, MA 02116  
617-536-0200 ext. 4716  
[www.teri.org](http://www.teri.org)