



STEPS TO APPLY

- Review the Eligibility Requirements
- Submit an Interest Form
- Attend a Mandatory Open House
- Submit an Application
- Attend a Learning Assessment
- Attend an Interview

Please read page 2 for important information about our application process

ADMISSIONS TIMELINE

PRIORITY ROUND	Submit Application by/before:	December 15th
	Complete process by/before:	January 5th

FINAL ROUND	Submit Application by/before:	February 9th
	Complete process by/before:	February 21st

Program Start Date: March 6, 2012

There will be a mandatory Pre-Orientation for all accepted students

Year Up New York begins in March and September. Application materials are accepted on a Rolling Admissions basis until the indicated deadline OR until the class is filled. Applicants are *strongly* encouraged to apply well before these deadlines to ensure that their applications are considered. Late or surplus applications may be deferred until the next term.

Admission is competitive and meeting admission deadlines are minimal requirements to apply and do not guarantee acceptance.



ADMISSIONS PROCESS

Thank you for your interest in Year Up New York! Please read the following 2 pages carefully for important information about our application and admission process. If you have any questions, please contact us and we will be more than happy to answer them.

Please remember that admission is competitive and admission criteria and deadlines are minimal requirements. Meeting the minimal requirements does not guarantee acceptance.

ELIGIBILITY REQUIREMENTS

- 18-24 years old
- Have a High School Diploma or GED certificate by or before the program start date
- Be low to moderate income
- Be a U.S. citizen, permanent resident, or have an employment authorization card

PRACTICAL REQUIREMENTS

- Be responsible for your own transportation to our office in lower Manhattan and/or downtown Brooklyn and to an internship site in the greater New York area.
- Be available 5 days each week (M-F 8:30am-3:30pm; internship hours vary) for full year of the program.
- You are responsible to arrange day care for your children.

INTEREST FORMS

Interest forms may be submitted on our website (www.yearup.org/apply) or in person. You may also complete an Interest Form at an Open House.

OPEN HOUSES

Open Houses are held every Tuesday from 3:30-4:30pm and 4:30-5:30pm at our Manhattan office (address & directions below). Open Houses provide an opportunity to visit our site, meet our current students and staff, and learn detailed information about the program and the admissions process and expectations. Please bring a photo ID to sign-in with security when you enter the building. You may also want to bring a pen and paper to take notes during the presentation. *At the end of the Open House, if you chose to continue with the application process, you will be scheduled for a Learning Assessment.*

APPLICATIONS

Applications can be downloaded and printed out from our website. Please see Application Check-list on page 3 for more information about required application materials. Remember to follow directions carefully. Completed applications should be delivered in person or mailed in a single large envelope to our Manhattan office (address below) before the indicated deadlines and/or when you come in for your Learning Assessment—whichever comes first.

LEARNING ASSESSMENTS

The Learning Assessment provides us an opportunity to assess each applicant's learning and teamwork in a classroom setting. Learning Assessments occur at our Manhattan and Brooklyn offices, so please remember to confirm which location you have been assigned. You must arrive 10 minutes early, come professionally dressed, and with your completed application (if you have not already submitted it). *At the end of the Learning Assessment, you will be scheduled for Interview.*

INTERVIEWS

Your interview is a chance for us to learn more about you and why you are interested in Year Up New York. Interviews are primarily held in our Manhattan office. Please arrive at least 10 minutes early and come professionally dressed.

NOTIFICATION OF ACCEPTANCE

Candidates are reviewed as soon as they complete the application process, including the open house, application, learning assessment, and interview, and any follow-up meetings or materials as necessary. Decision letters are mailed in the beginning of January to Priority Round applicants and by February 21st to Final Round Applicants. If you are not accepted to Year Up New York, we will suggest other programs that may better suit your needs.

WHERE IS YEAR UP NEW YORK LOCATED?

Year Up New York is located in downtown Manhattan and downtown Brooklyn. Our admissions department and weekly Open Houses are based out of our Manhattan office; all applications should be sent to our Manhattan office; interviews and assessments occur in both locations.

Year Up New York Admissions

55 Exchange Place, Suite 403 | New York, NY 10005 | www.yearup.org/apply
P: 212-785-3340 ext 1338 | F: 212-785-3499 | E: admissionsnyc@yearup.org

Directions: 55 Exchange Place is located in the financial district between Broad and William St. and near the Wall St. stop on the 2, 3, 4, or 5 train and the Broad St. stop on the J/Z train.



APPLICATION CHECK-LIST

<input type="checkbox"/> Application Form*	<i>Complete all pages 4-18</i>
<input type="checkbox"/> Personal Essay* (2-3 typed pages, double-spaced).....	<i>Question on page 11</i>
<input type="checkbox"/> References Form*	<i>Form & details on page 14</i>
<input type="checkbox"/> Recommendation Form.....	<i>Form & details on pages 15-17</i>
<input type="checkbox"/> Documentation of identification.....	<i>See page 4 for details</i>
<input type="checkbox"/> High School Diploma or GED.....	<i>Page 19</i>
<input type="checkbox"/> Official Transcripts/GED Scores.....	<i>Page 19</i>

COMPLETING YOUR APPLICATION

Please refer to the check-list and corresponding page numbers above as a guide to completing this application. Be sure to use all forms provided in this packet and to follow directions carefully on each page.

- The Application Form, Personal Essay, and Reference Form, marked with an asterisk (*) above, **must** be submitted by/before the indicated deadline OR by the time of your Learning Assessment--which ever date comes first.
- If necessary, candidates may submit their Recommendation Form, High School Diploma/GED, Official Transcripts/GED Scores, and Documentation of identification at the time of the interview. Please submit all materials at one time when possible.

If you have any questions regarding the application materials or how to obtain them, you may contact our admissions office at any time (212-785-3340 ext 1338).

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: F M Social Security number: _____ - _____ - _____
 (Circle one)

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"/> Black, non-Hispanic
<input type="checkbox"/> White, non-Hispanic	<input type="checkbox"/> 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 State ID
- U.S. military card 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 OR 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 Yes No Income or other support from family or spouse/partner Yes No

Other: _____

What is your personal annual income? _____

What is your parent/guardian annual household income? _____

If obtaining information about income is a concern, please ask us for a household income letter

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 _____

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

Please type a 2-3 page personal essay that answers the essay questions below. Your essay should be formatted as follows: 2-3 pages typed (no less than 2 pages), paragraph form, double-spaced, 12 pt Times New Roman font. Your answer will be evaluated for content and your ability to communicate and express your thoughts clearly and concisely.

Essay Question

- 1.) Why do you want to join Year Up and why do you believe you are a good candidate for Year Up?
- 2.) Briefly describe your experience and learning, including learning outside the classroom, such as employment, family, military, volunteer work, and participation in community organization.
- 3.) Tell us a little about yourself or your family – what is “your” story. Explain your reasons for further study, and personal and career goals.
- 4.) In 2 paragraphs or more, summarize what you would want to accomplish during the 1st week, 1st month, three months, six months, and one year being a student at Year Up.

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 _____

Applicant 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 dis-enrollment.

Applicant Signature _____ **Date** _____

MEDIA 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.

Applicant Signature _____ **Date** _____

Please remember that admission is competitive and admission criteria and deadlines are minimal requirements. Meeting the minimal requirements does not guarantee acceptance.

References & Recommendations (REQUIRED)

Examples of appropriate references and recommendations 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.)

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's First and Last Name: _____

Reference's Profession and title: _____

Reference's organization or place of employment: _____

Reference's Phone Number (s) and Email: _____

Relationship to you: _____

Reference's First and Last Name: _____

Reference's Profession and title: _____

Reference's organization or place of employment: _____

Reference's Phone Number (s) and Email: _____

Relationship to you: _____

Reference's First and Last Name: _____

Reference's Profession and title: _____

Reference's organization or place of employment: _____

Reference's Phone Number (s) and Email: _____

Relationship to you: _____

(1) RECOMMENDATION FORM (REQUIRED)

For the Year Up Applicant: *One recommendation letter is required.*

Please have your recommender complete this section. You the applicant is responsible to have this form completed, sealed in an envelope, and sign across the seal. 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**).

FOR THE RECOMMENDER

Dear Respondent,

The young person named below 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

Recommender: To be completed by 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.

How familiar are you with Year Up New York ? Very Not at all How long have you known the applicant? _____

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: _____

ASSESSMENT OF APPLICANT (2)

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

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.

No basis	Below Average	Average	Good (above average)	Very Good (well above average)	N/A
Demonstrates responsibility, follow-through, and commitment to task	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Time management skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Independent, initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Record of attendance and being on time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Read and writes at or near high school graduate level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Critical thinking and problem solving skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Effective class/group discussion, works well with peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrates age-appropriate maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discipline work habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basic computer/pc skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Positive attitude and overall disposition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7.) If you gave the applicant below average or average, please, briefly explain why.

PLEASE DO NOT FORGET TO SIGN AND SEAL IT

Signature: _____ Date _____

Name (print): _____

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

Year Up New York Admissions
 55 Exchange Place, Suite 403 | New York, NY 10005 | www.yearup.org/apply
 P: 212-785-3340 ext 1338 | F: 212-785-3499 | E: admissionsnyc@yearup.org

HS/GED Request (REQUIRED)

**If you have any questions regarding how to obtain them, you may contact our admissions office at any time
(212-785-3340 ext 1338).**

REQUEST FOR OFFICIAL HIGH SCHOOL TRANSCRIPTS OF CREDITS

To the Registrar or Guidance Officer of: (Name of High School or College) Please forward **ONE** official copies of my academic transcripts to Year Up, in one 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 GED CERTIFICATE SCORES IF LOST OF MISPLACED

To receive a duplicate copy, if the first is misplaced or lost, please visit the following website:

http://www.acces.nysed.gov/ged/duplicate_diploma.html

This website will ask you to fill out an application (to be downloaded upon visiting website) and submit a fee of up to **\$10** dollars to the New York State Department of Education via U.S. postal service (address provided on the website).
Keep in mind that it will take 6-8 weeks to process your request.

Please mail official GED certificate/scores either to your home address or to:

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