



# Application for Admission

## Process and forms

### **Admissions Materials Required for Application:**

(Follow instructions and use the forms provided in this booklet; make sure you submit all documents listed below. Additional details are provided on page 3.)

- Application form
- Documentation of Identification: Driver's license, state ID, US/non-US Passport, Perm/Temp Resident Card, Green Card or Certificate of naturalization
- Personal statement/essay (at least 2 pages, typed and double spaced)
- H.S. Completion  
Notarized high school diploma or GED **-OR-**  
One (1) official copy of your high school transcript in a sealed envelope (with graduation date)
- Two professional references
- Recommendation form in a sealed envelope
- Current Resume
- Social Security Card
- Birth Certificate
- W2 Form (you and your spouse, if married)  
(Need parent/legal guardian's W2 or current Pay Stub if not married, childless, or under 24)
- Untaxed income records (Public Assistance Ltr., Child support rcv'd, workers comp)  
(Need parent/legal guardian's untaxed income record if not married, childless, or under 24)
- Most recent tax return (1040, 1040A, 1040EZ)  
(Need parent/legal guardian's tax return if not married, childless, or under 24)
- Selective Service Registration Card/Printout – male applicants only ([www.sss.gov](http://www.sss.gov))

**Application Deadline: January 4, 2012**

# Admission Requirements

## Dear Applicant,

Thank you for your interest in Year Up! We provide ambitious high school graduates and GED recipients from low to low-moderate income families with an opportunity to pursue computer/IT training and earn college credits. After successful completion of the first five months, students have an opportunity to work as an information technology apprentice in a corporate setting. This helps students prepare for professional 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 related forms are included. Please fill out this application carefully and completely; make sure you answer all questions and sign and date the application.

If you have any questions, please contact us at 703-312-9327 and we will 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

## Web Site for More Information

Please visit our web site for more information about our program: [www.yearup.org](http://www.yearup.org)

## Questions?

If you have any questions about the admissions process, application, or the Year Up program in general, please contact us by email at: [akoprince@yearup.org](mailto:akoprince@yearup.org) or by telephone at 703-312-9327, ext. 1219.

*Program Start*

*Application Due Date*

**Spring (March 5, 2012)**

**January 4, 2012**

Please deliver or mail your application and related materials in a single large envelope with the correct amount of postage to:

**Admissions  
Year Up – National Capital Region  
1560 Wilson Blvd., Suite 350  
Arlington, VA 22209  
703-312-9327**

## Year Up Requirements

### Qualifications

Students must:

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

### Practical Requirements

Students must:

- Be responsible for their own transportation (public or private) to our Year Up location in the Metro DC area (Arlington, VA, 4 blocks from the Rosslyn Metro Station on the orange and blue lines) and an apprenticeship site in the Metro DC area. [Note that Baltimore students will be responsible for transportation to an apprenticeship site in the Baltimore area and will receive transportation assistance to Arlington, VA].
- Be available five days each week (Mon. – Fri. 8:30 a.m. – 3:30 p.m. during the first half of the program; internship hours vary) for the full year of the program.
- Arrange child care for their children, if applicable.

### Admissions Deadlines

The Year Up program begins in early March and in early September. Application materials are accepted on a rolling basis until each class is filled. Applicants should submit their applications as soon as possible.

**Late applications may be deferred until the next term.**

# Admissions Process and Materials

Please read all instructions carefully and complete all forms and materials fully.

## 1 Submit all application materials

All application materials become part of a permanent record, are the property of Year Up, and are not returnable.

**a. Application form** Complete, sign, and date.

**b. Essay** Please include a typed, 2-3 page double spaced, 12 pt. font, personal statement/essay in response to the essay question 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 your 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.

**c. Resume** Please include a current typed resume.

## d. Proof of high school completion

**Official HS transcript** Submit one (1) official *signed and sealed* high school or GED transcript with your graduation date listed

**-OR-**

**Notarized copy of High school diploma or General Equivalency Diploma (GED)** Submit one (1) notarized copy of your diploma or GED. Make sure your graduation date appears on diploma.

## e. Recommendation and additional

**references** Submit one (1) written recommendation using the recommendation form and two to three additional references, using the reference form. You may not use family or friends for your recommendation or references.

## g. Documentation of identification and legal right to work

**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 (1) official picture ID:** driver's license, state ID, U.S. military card, or non-U.S. passport

**And one (1) 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
- Resident citizen ID card
- Unexpired employment authorization card

## h. Proof of Income

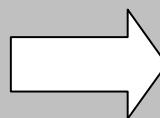
- Most recent Tax Return
- Most recent Benefits Statement

**2 Learning Assessment** All qualified candidates who have completed an application will take an assessment to evaluate technical aptitude and basic communication and problem solving skills through written tests and group activities. The assessment will be scheduled once a candidate has submitted a complete application. This should take about three hours and will be held at Year Up.

**3 Interviews** All qualified candidates who have submitted an application, including diploma or transcripts, recommendation, references, resume, and essay, and have completed a Learning Assessment will be scheduled for an interview with a member of the Year Up Admissions Team. The interview will be held at Year Up and should take no more than one hour.

**\*\*\* Notification of acceptance** to Year Up will be made to applicants in writing and/or verbally. At each step of the admissions process, applicants will be notified within a reasonable time period if they have or have not qualified for the next step.

**Please deliver or mail your application and other materials to:**



Admissions  
Year Up – National Capital Region  
1560 Wilson Blvd., Suite 350  
Arlington, VA 22209



# 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: _____ - _____ - _____ (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 <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
- 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.

### 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.

<p><b>Contact #1</b></p> <p>First name _____ Middle initial _____ Last name _____</p> <p>Relationship to applicant _____</p> <p>Address _____ Apt. _____</p> <p>City _____ State _____ Zip _____</p> <p>Home phone (____) _____ Whose name is phone listed under? _____</p> <p>Work phone (____) _____ Cell phone (____) _____</p> <p>E-mail address _____</p>
<p><b>Contact #2</b></p> <p>First name _____ Middle initial _____ Last name _____</p> <p>Relationship to applicant _____</p> <p>Address _____ Apt. _____</p> <p>City _____ State _____ Zip _____</p> <p>Home phone (____) _____ Whose name is phone listed under? _____</p> <p>Work phone (____) _____ Cell phone (____) _____</p> <p>E-mail address _____</p>
<p><b>Contact #3</b></p> <p>First name _____ Middle initial _____ Last name _____</p> <p>Relationship to applicant _____</p> <p>Address _____ Apt. _____</p> <p>City _____ State _____ Zip _____</p> <p>Home phone (____) _____ Whose name is phone listed under? _____</p> <p>Work phone (____) _____ Cell phone (____) _____</p> <p>E-mail address _____</p>
<p><b>Contact #4</b></p> <p>First name _____ Middle initial _____ Last name _____</p> <p>Relationship to applicant _____</p> <p>Address _____ Apt. _____</p> <p>City _____ State _____ Zip _____</p> <p>Home phone (____) _____ Whose name is phone listed under? _____</p> <p>Work phone (____) _____ Cell phone (____) _____</p> <p>E-mail address _____</p>

**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 \_\_\_\_\_

# Additional References

In addition to the recommendation form, please provide us with the names of two or three additional references 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 friends are not acceptable references.)

Reference Name	Organization or Place of Employment	Phone Number & Email	Relationship to You
1.			
2.			
3.			

# 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 or submit it directly to Year Up at attn: Admissions, 1560 Wilson Blvd., Suite 350, Arlington, VA 22209.*

## For the Year Up Applicant

One recommendation is required.

Please ask 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 (**you may not use a family member or friend as your recommender**) to complete this form.

Applicant's Name

---

Recommender's name

---

Recommender's profession and title

---

Name of recommender's company, school, or organization

---

Recommender's 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 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 apprenticeship with a corporate partner (second six months). Students earn a stipend throughout the program and receive 18 college credits upon completion.

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 either returned to the applicant or directly to Year Up at attn: Anne Koprince, 1560 Wilson Blvd., Suite 350, Arlington, VA 22209.

Thank you for your time! Your input is important to us and we look forward to hearing from you. If you have any questions, you may reach us at 703-312-9327.

Sincerely,

The Year Up Admissions Committee

## Assessment of Applicant (Please use the space below or attach additional pages)

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?

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.

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.

***Please return completed recommendation to the applicant or directly to Year Up in an envelope signed across the seal.***

# Request for Official Transcripts of Credits

To be submitted directly to your high school.

Last Name \_\_\_\_\_ First name \_\_\_\_\_ Middle initial \_\_\_\_\_

Date \_\_\_\_\_ Maiden or former name \_\_\_\_\_

**To the Registrar or Guidance Officer of:** (Name of high school or college)

**Please forward TWO (2) official copies of my academic transcripts to Year Up, in two sealed envelopes**

**Please inform me if you cannot release my transcripts**

Address \_\_\_\_\_ Apt. no. \_\_\_\_\_

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

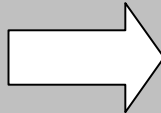
Soc. Sec.# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of birth \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (MM-DD-YY)

Date of graduation or years in attendance \_\_\_\_\_ Degree received \_\_\_\_\_

Major \_\_\_\_\_

Signature \_\_\_\_\_

**Please mail my official transcripts to:**



Admissions  
Year Up – National Capital Region  
1560 Wilson Blvd., Suite 350  
Arlington, VA 22209

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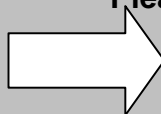
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