



Application for Admission

WELCOME

Dear Applicant,

Thank you for your interest in Year Up Miami! Please read the following pages for important information about our application and admissions process.

If you have any questions about the admissions process, application, or the Year Up program in general, please contact us by telephone at 305-237-1440 email at wrosario@yearup.org. We will be more than happy to answer your questions.

We welcome you to the admissions process and look forward to receiving your application!

ADMISSIONS TIMELINE

DEADLINE TO APPLY	November 28, 2014
--------------------------	--------------------------

Program Start Date: January 6, 2014

***Admission to Year Up is competitive.
Meeting admission deadlines is a minimal requirement
to apply and does not guarantee acceptance.***



We are located in Building 1, third floor, room 1328 11380 NW 27th Ave. Miami, FL 33167



ADMISSION CHECKLIST

Review Eligibility Requirements:

- 18-24 years old
- High school diploma or GED certificate by or before the program start date
- A U.S. citizen, permanent resident, or have an employment authorization card
- Must be able to cover school's tuition, books and fees
- Full time student at MDC North campus and available Monday- Friday
- Interested in a degree in Technology or Business
- Interested in full-time employment

Attend a Mandatory Information Session

Information Session provides an opportunity to meet staff and learn detailed information about the admissions process and program expectations.

Submit an Application

A complete list of application materials can be found on page 2. The application can be completed electronically or manually.

Complete MDC Application process

Attend an Interview

Your interview is a chance for us to learn more about you and why you are interested in Year Up. Please arrive at least 10 minutes early and come professionally dressed.

Decision

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 a reasonable time period.

APPLICATION CHECK-LIST

<input type="checkbox"/> Application Form <i>pages 3-7</i> <i>All application materials become part of a permanent record, are the property of Year Up, and are not returnable.</i>
<input type="checkbox"/> Identification Documents <i>page 3</i> Please provide original copy.
<input type="checkbox"/> Personal Essay (2-3 typed pages, double-spaced) <i>page 8</i> <i>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.</i>



APPLICATION

PLEASE TYPE OR PRINT CLEARLY IN BLACK OR BLUE INK ALL INFORMATION ON THIS APPLICATION.

Date of application (MM/DD/YY): ___/___/___

Desired entry date: Fall Spring of Year _____

General Information

First name _____ Middle name _____
 Last name _____ Maiden/Former name _____
 Address _____ Apt #: _____
 City _____ State _____ Zip _____
 Home phone (_____) _____ Cell phone (_____) _____
 Work phone (_____) _____ Email _____
 Date of birth (MM/DD/YY) ___/___/___ Gender: F M Social Security number: _____ - _____ - _____
(Circle one)

Demographic Data: If you wish to be identified as a member of any of the following groups, please check one:

Asian or Pacific Islander Native American Black, non-Hispanic
 White, non-Hispanic Hispanic Other, what? _____

Which language(s) do you speak? _____

Country of birth _____

Immigration status: U.S. citizen Permanent resident alien (copy of card required) Other _____
 Refugee/asylum status (copy required) Visa: type _____ (copy required)

Please describe any conditions that would cause your right to work in the U.S. to be revoked: _____

Identification Documents and Legal Right to Work

Please provide original copy of:

<p>ONE of these documents:</p> <p><input type="checkbox"/> U.S. Social Security card <input type="checkbox"/> U.S. birth certificate <input type="checkbox"/> U.S. citizen card <input type="checkbox"/> Unexpired employment authorization card <input type="checkbox"/> Non-U.S. passport</p>	<p>ONE of these documents:</p> <p><input type="checkbox"/> U.S. passport <input type="checkbox"/> Certificate of U.S. citizenship <input type="checkbox"/> Certificate of naturalization <input type="checkbox"/> Permanent resident card or alien registration receipt card</p> <p>AND ONE official picture ID:</p> <p><input type="checkbox"/> Driver's license <input type="checkbox"/> State ID <input type="checkbox"/> U.S. military card</p>
--	---

College History

Have you ever taken college classes? Yes No MDC ID number _____

College / Institution 1: _____ **Major/Pathway:** _____

Type of degree: Associate's in Arts (AA) Associate's in Science (AS) Bachelor's Number of credits earned: _____

When did you attend? Start Date: (MM/DD/YY) ___/___/___ End Date: (MM/DD/YY) ___/___/___

College / Institution 2: _____ **Major:** _____

Type of degree: Associate's in Arts (AA) Associate's in Science (AS) Bachelor's Number of credits earned: _____

When did you attend? Start Date: (MM/DD/YY) ___/___/___ End Date: (MM/DD/YY) ___/___/___

Have you or are you on academic probation? _____

Financial Status

Do you qualify for financial aid? If so indicate if your status

Yes- Full Yes- Partial No

If you do not qualify for financial aid, how is your education funded?

Personal Loans Scholarship Grants Family Other _____

Employment / Volunteer History

Work / Volunteer (most recent/ current)

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) ___/___/___

Full-time Part-time How many hours per week? _____

Are you currently working at this job? Yes No What shift do you currently work? Evening Night weekend

Work / Volunteer (older)

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) ___/___/___

Full-time Part-time How many hours per week? _____

Are you currently working at this job? Yes No What shift do you currently work? Evening Night weekend

Personal and Household Information

Are you currently receiving government assistance? Yes No *If yes, please specify below:*

WIC Yes No Unemployment insurance Yes No

Safety Net Yes No TANF (Temporary Assistance for Needy Families) Yes No

Food Stamps Yes No Supplemental Security Income, Aid to the Disabled Yes No

Veteran's benefits Yes 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? _____

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
- Relative or non-relative cares for child in my home
- Relative or non-relative cares for child in her/his home
- Other: _____
- None or not sure
- Child enrolled in head start
- Child enrolled in a before and after school care program

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
- Medicaid
- Private/other insurance, what? _____
- None
- Child or Family Health Plus Insurance

Personal and Household Information

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? _____

Emergency Contact Information

Contact #1

First name _____ Last name _____ Relationship to applicant _____

Address _____ Apt. _____

City _____ State _____ Zip _____

Home phone (_____) _____ Work phone (_____) _____

Cell phone (_____) _____ E-mail address _____

Contact #2

First name _____ Last name _____ Relationship to applicant _____

Address _____ Apt. _____

City _____ State _____ Zip _____

Home phone (_____) _____ Work phone (_____) _____

Cell phone (_____) _____ E-mail address _____

EMERGENCY MEDICAL INFORMATION

Are you taking any medications of which we should be aware? Yes No (Circle one)

If Yes: Please list all medications of which we should be aware

Do you have any medical/mobility/mental health concerns of which we should be aware? Yes No (Circle one)

If Yes: Please list medical/mobility/mental health concerns of which we should be aware

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.

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 on this form 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** _____
Print Name _____

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: _____

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 disenrollment.

Applicant Signature _____ **Date** _____

MEDIA DISCLAIMER

Occasionally photos and videos are taken of classes and other activities. I hereby give Year Up permission to use images of me in activities for public relations, marketing, and other purposes.

Applicant Signature _____ **Date** _____

Essay question/Personal Statement

Please type a 2 page personal essay that answers the Essay Question below. Your essay should be formatted as follows: 2 pages typed (500 words), 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 believe you are an ideal candidate for Year Up and tell us about your career goals and future aspirations? Explain your reasons for further study, and personal and career goals.