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!

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

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

☐ Identification Documents
   Please provide original copy.

☐ Personal Essay (2-3 typed pages, double-spaced)
   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.
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: __ __ __ - __ __ - __ __ __ __

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:

ONE of these documents:
☐ U.S. Social Security card
☐ U.S. birth certificate
☐ U.S. citizen card
☐ Unexpired employment authorization card
☐ Non-U.S. passport

ONE of these documents:
☐ U.S. passport
☐ Certificate of U.S. citizenship
☐ Certificate of naturalization
☐ Permanent resident card
or alien registration receipt card

AND ONE official picture ID:
☐ Driver’s license ☐ State ID ☐ U.S. military card
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

Do 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  □ 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? ________________________________________
**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  □ 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 drunkennes, 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.