



Class of 2013

Class of 2014

FUTURES IN MOTION: A YOUTH CAREER ALLIANCE NETWORK (YOUTH CAN!)

PROGRAM DESCRIPTION

New Yorkers For Children (NYFC) has established a partnership with the Office of Community and Public Health (OCPH) at the North Shore-LIJ Health System (NSLIJ), Walgreens Family of Companies, and FEGS Bronx Youth Center/The Academy to offer you, young adults aging out of foster care between the ages of 20 – 24 years old, with an opportunity to improve your soft skills and help you get ready to succeed in the workplace. What are soft skills? Also known as "people skills" or "interpersonal skills," soft skills relate to the way you relate to and interact with other people. This program will challenge you to grow and develop your professional goals and career path. To learn more information about this program, please visit www.newyorkersforchildren.org

This program will provide you with the opportunity to:

- Develop skills, knowledge, and experiences in a professional environment
- Access professional development and explore potential career opportunities
- Participate in an internship to gain hands-on experience
- Identify and prepare for a possible career path in health care or retail and/or postsecondary educational options
- Develop a one-to-one relationship with a mentor (career coach)
- Become part of a dedicated group of other amazing young people who are trying to create a better future for themselves

To be considered for this program you must demonstrate:

- Maturity – you will be attending workshops in a corporate university where professionals and employees are also participating in training, and you are required to have the same level of professionalism.
- Dedication – you will have to get up early two days a week during the summer and focus during the workshops. You are expected to arrive prepared and on-time for all sessions.
- Soft skills and hard skills – while this is an opportunity for you to learn and grow, we will also look at the skills that you bring to the program, both your soft skills and people skills as well as your hard skills. Hard skills are skills that are measured the same way in every setting, such as computer programming or fluency in a foreign language.
- Engagement and open-mindedness – we are looking for individuals who are curious about the world of work and ready to explore new challenges with a positive attitude.
- Teamwork – you must be able to act respectfully towards other students in the program and work together as you develop your skills, without making negative comments or being judgmental.

Program activities will occur at NSLIJ's state-of-the-art corporate university known as The Center for Learning and Innovation (CLI), which is located on Long Island in Lake Success, NY and at FEGS Bronx Youth Center/The Academy in the Bronx, NY. The program will focus on helping you develop the skills and behavior necessary to be successful in the workplace and will occur in two phases:



➤ **Phase I:**

You will develop professional skills in a series of workshops developed by NSLIJ, Walgreens and FEGS. You are required to attend all sessions each week:

NSLIJ/Walgreens Workshops:

- **Tuesdays, 9AM – 4PM: Center for Learning and Innovation, Lake Success, NY**

Transportation: A shuttle bus will bring you from Penn Station in New York City to Lake Success, Long Island at **7:30 am**, and you will return by shuttle bus to Penn Station by 5:30 pm

FEGS Workshops:

- **Fridays, 9AM – 2PM FEGS Bronx Youth Center/The Academy, Bronx, NY**

Transportation: Students will be provided with Metro Cards to be used to obtain transportation to and from FEGS during Phase 1 of the program.

At times, you will be required to complete assignments prior to class that must be completed within the time period you are given.

➤ **Phase II:**

If you successfully complete Phase I of the program, you will be encouraged to apply and interview for paid part-time internship opportunities at NSLIJ or Walgreens. The internships will be 20 hours per week for 12 weeks, at a pay rate of \$12 per hour. You will also receive Metro Cards during the internship. As an alternative to the internship, you may also apply for a scholarship to complete the New York State Emergency Medical Technician (EMT) training and certification (6 month course) at NSLIJ.

If you are accepted in the program, you will be required to attend a 2-hour orientation session on June 1, 2015 one week before the program begins on Tuesday, June 9, 2015. If you have any questions about the program or need assistance filling out the application, please contact **Catherine Hilyard at 646.257.2930** or email **chilyard@newyorkersforchildren.org**.



APPLICATION COMPLETION CHECKLIST

- Completed and Signed Application
- One typed Letter of Recommendation from an agency worker, mentor, or other adult in your community who can speak about your character and motivation to succeed in this program (letters from family members and friends will not be accepted)
- Resume
- Final High School or current college transcript/report card
- Personal Statement

APPLICATIONS ARE DUE FRIDAY, APRIL 10, 2015

Incomplete applications will not be considered.

Please email or fax your completed application to:

Catherine Hilyard
NYFC Youth Program Coordinator
Phone: 646.257.2930
Fax: 646.257.2931
Email: chilyard@newyorkersforchildren.org

Program Start Date: Tuesday, June 9, 2015

ELIGIBILITY REQUIREMENTS

You must:

- Be between the ages of 20 and 24
- Currently in or aged out of foster care in New York City
- Have at least a high school diploma or GED (High School Equivalency)
- Be a U.S. citizen, permanent resident, or have an employment authorization card (valid ID is required)

All candidates who wish to apply for internships in Phase II will be required to undergo pre-employment requirements that include, but are not limited to a background investigation, health assessment (including drug testing) conducted by NSLIJ or Walgreens. The evaluation is free of charge and results are kept confidential. If your results fail to clear any of these areas, your application and consideration for an internship may not be considered.



APPLICANT INFORMATION

IMPORTANT NOTE: Without your accurate contact information, New Yorkers For Children (NYFC) will not be able to notify you if you are selected as a recipient. Please keep a copy of this application and send updated contact information to NYFC if your address or other information changes during the application period.

Name: Nickname (if applicable):	Age: Date of Birth (MM/DD/YY):
Preferred Language:	Ethnicity/Race: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> American Indian <input type="checkbox"/> Other _____
Mailing Address:	Cell Phone:
Home Phone:	Email Address:
Emergency Contact Name:	Emergency Contact #:
Relationship to Applicant:	What is the best way to reach you? What time of day is best?

FOSTER CARE INFORMATION

Foster Care Status: <input type="checkbox"/> Currently in foster care <input type="checkbox"/> Formerly in foster care Date of discharge: _____ Have you applied for housing? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have stable housing? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, where do you currently stay? _____	Foster Care Agency Name: _____ Agency Worker Name: _____ Agency Worker Telephone Number: _____ Agency Worker Email Address: _____
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PREFERRED TRACK FOR PHASE II INTERNSHIP

Please rank your preference 1 -3, 1 being your highest priority of which track you are applying for:

____ NSLIJ (Healthcare) ____ Walgreens (Retail) ____ NYS Emergency Medical Technician (EMT) Certification



EDUCATION INFORMATION

<p>Name of High School or GED Program: _____</p> <p>Date of Graduation: (MM/YY) _____</p> <p>If you are not currently enrolled in college, are you interested in attending college in the future? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, what is your major? _____</p>	<p>Have you ever been enrolled in college? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Are you currently enrolled in college? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please answer the questions below:</p> <p>College/University: _____</p> <p>Major: _____</p> <p>Current GPA: _____</p> <p>Status: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time</p> <p>Year: <input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior</p>
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WORK EXPERIENCE

Please provide information about your full-time or part-time work experiences (paid and unpaid), including vocational training programs, babysitting, temporary work or any other job that required you to work at least 10 hours during a single month. **Please attach your resume to this application.**

Company 1:			
Job Title _____	Starting Salary \$ _____	Ending Salary \$ _____	
Number of hours worked/week: _____			
From _____	To _____	Reason for Leaving _____	
Are you currently employed at this job? If yes, what is your schedule? _____			
Company 2:			
Job Title _____	Starting Salary \$ _____	Ending Salary \$ _____	
Number of hours worked/week: _____			
From _____	To _____	Reason for Leaving _____	



WORK EXPERIENCE CONTINUED

Company3:

Job Title _____ Starting Salary \$ _____ Ending Salary \$ _____

Number of hours worked/week: _____

From _____ To _____ Reason for Leaving _____

Are you currently employed at this job? If yes, what is your schedule? _____

Company4: _____

Job Title _____ Starting Salary \$ _____ Ending Salary \$ _____

Number of hours worked/week: _____

From _____ To _____ Reason for Leaving _____

SHORT RESPONSE SECTION

1. Please describe why you are applying for the Futures in Motion: Youth CAN! Program. Please include why you are a strong candidate for this program.

2. Please describe a time when you faced an obstacle and were successful. What helped you get through this hard time?



3. Please list one person who is a support system in your life at this time. Why did you choose this person? How is this person helpful to you?

4. Is there anything else you would like to share at this time? Do you have any questions about the program?

APPLICANT SIGNATURE

I affirm that all statements made on this application are true. I realize that a false statement or intentional omission of any fact may cause me to be disqualified from consideration for this program.

Applicant Signature _____ Date _____



LETTER OF RECOMMENDATION

New Yorkers For Children (NYFC) partnered with the Office of Community and Public Health (OCPH) at the North Shore-LIJ Health System (NSLIJ), Walgreens and FECS to offer youth aging out of foster care (20 – 24 years old) with soft skills training and exposure to careers as preparation for sustainable, living-wage employment (For a brief description of each partner listed above you may visit the New Yorkers For Children website at www.newyorkersforchildren.org)

This program will provide participants the opportunity to:

- Develop skills, knowledge, and experiences in a professional environment
- Access to professional development and career opportunities
- Participate in a paid internship that could lead to permanent, sustainable, living-wage employment
- Explore and prepare for possible career paths in healthcare or retail and postsecondary educational options
- Develop a relationship with a mentor who works in the healthcare or retail field

Thank you for providing a letter of recommendation in support of the applicant's application for the Futures in Motion: Youth CAN! Program. Candidates must show a significant amount of commitment, motivation, and initiative to succeed in this program. Your observations of the applicant's character, abilities, determination, support network, and current functioning, capacities, and strengths will play a crucial part in our selection process. Please do not hesitate to share any concerns that you may have related to the applicant's ability to be successful at this time as well as any suggestions you may be able to provide related to how the applicant could be best supported in order to increase their likelihood of succeeding in the program.

Name of Applicant _____

Recommender's Name _____

Telephone _____ Email _____

Relationship to Applicant _____

INSTRUCTIONS

Please include this form with your typed letter of recommendation. In your letter of recommendation, please be sure to address the following:

- How long and in what capacity have you known the applicant?
- Please comment on the applicant's personal attributes, both strengths and areas in need of growth/improvement.
- Please describe how this program will assist the applicant in furthering his/her career or life goals.
- Please comment on any mental health, housing, or other personal and/or foster care-related issues which the applicant is facing at this time and/or is likely to face during the course of the program.
- Please feel free to include anything else which may not have been mentioned above and/or to contact Catherine Hilyard by phone at the number below to discuss any information related to this student in more detail, or to ask any questions you may have at this time.

We must receive your completed recommendation by **Friday, April 10, 2015**. Applications will **NOT** be considered without a completed Letter of Recommendation. Please email or fax your letter of recommendation

to: **New Yorkers For Children Catherine Hilyard, Youth Program Coordinator**

Phone: 646.257.2931 Fax: 646.257.2931 chilyard@newyorkersforchildren.org