DYCD Scholars for Program Directors
Stipend and Professional Development Model

Fall 2019 Application

NYC Department of Youth and Community Development
in partnership with the
John F. Kennedy, Jr. Institute for Worker Education
CUNY School of Professional Studies

Deadline EXTENDED | August 19, 2019, 5pm
DYCD Scholars for Program Directors

NYC Department of Youth and Community Development (DYCD) and City University of New York (CUNY) have partnered since 2006 to promote the academic and career advancement of the city’s youth work professionals. This partnership aims to build the capacity of youth-serving agencies by investing in the higher education of their staff and organizational leadership, thus contributing to their career growth and the quality of services provided to youth in New York City. This particular award is to support degree completion of Program Directors pursuing their undergraduate education, a recent leadership requirement for those who administer DYCD funded programs.

Program Overview
DYCD Scholars for Program Directors supports youth development leadership with degree completion. This model aims to keep committed, well-trained staff in the youth field, primarily in administrative roles, and encourage their occupational commitment. The program also supports timely graduation from CUNY.

Award recipients are currently being recruited to participate in the program for one academic semester, Fall 2019, with the potential for renewal in Spring 2020.

- Networking and Peer Support: Participants will participate in program events and experiences which support credit accumulation, degree completion, and professional development. These interactions will allow Directors to network, share successes and challenges, learn new information, and create a sense of belonging as they serve as sources of peer support.

- Counseling: CUNY staff will be available to speak with participants about their academic and career goals.

Eligibility Criteria

- Employment: Candidates must: (a) have at least three years of satisfactory employment in an administrative role in the youth field; (b) be currently employed by a DYCD-funded youth program; (c) be responsible for program operations and supervision. An established track record of employment in the youth field is expected.

- College: Candidates must be: (a) enrolled at a CUNY college and take at least three course credits each semester as either a full-time or part-time undergraduate student; and (b) matriculated in an associate or bachelor’s degree program in a variety of disciplines including related health, education, human services, or related business majors.

- Recipients must also have a legitimate social security number in order to receive their stipends.

Award Stipends

- Participants will receive between $750.00 and $1,500.00 in Fall 2019 for tuition, books, transportation, fees, childcare, and other expenses associated with their higher education. (Stipends are contingent upon fall enrollment for the program. Participants are responsible for paying their tuition and other fees by the deadline set by CUNY. Stipends are sent to recipients after those deadlines have passed.)

- In order to be eligible for possible funding in Spring 2020, recipients must provide proof that they are still employed in the youth services field, are still pursuing at least three credits per semester at CUNY, and have earned a semester average of (2.75) or better. Students who take fewer than three credits, take a leave of absence from college, or leave the youth field will not be eligible for further funding. However, they will be invited to continue to participate in other program activities.
Other Resources

- Applicants should also apply for tuition reimbursement and educational leave programs provided by their agency/union, as well as state and federal grant/loan programs for which they are eligible.

Complete Application Packages (Please include the following in your application package.)

- Completed and signed application form
- Personal statement (must be typed)
- Sealed Recommendation form from a supervisor or other professional from your agency
- Current Resume
- Student transcript from current CUNY college you are attending
- Proof of enrollment for the Fall 2019 semester (e.g. bursar’s receipt)

Important Date(s) and Information

The completed application must be received no later than AUGUST 19, 2019 at 5 pm. Late and incomplete applications will not be considered. Finalists may be interviewed in person or by phone. DYCD Scholars for Program Directors recipients will be notified in early August. A waitlist may also be maintained.

Mail your complete application package to:
Carrie Shockley
JFK, Jr. Institute for Worker Education – CUNY SPS
119 W. 31st Street, 10th floor mailroom
New York, NY 10001

Questions may be directed to Carrie.Shockley@cuny.edu or 646.664.8233
DYCD Scholars for Program Directors
Fall 2019 Application

APPLICANT INFORMATION

Last Name: ___________________________________          First Name: ____________________________________
EMPLID: _________________________________            Country of Birth: ______________________________
Permanent home address: _____________________________________________________   Apt. # _______________
City: _________________________________________ State: ________     Zip Code:  __________________________
Primary Contact Number:   ___________________________Secondary Contact Number:  ________________________
Personal Email:  ___________________________ School Email: ______________________________________
Ethnic Identity (optional):   (Check all that apply)
  ☐ Black/African American (Non-Hispanic)  ☐ Hispanic/Latino
  ☐ White/Caucasian (Non-Hispanic)  ☐ Native American or Alaskan Native
  ☐ Asian/Pacific Islander  ☐ Other (Please specify) _______________

PRESENT EMPLOYMENT

Agency Name:  _____________________________________________________________________________
DYCD Program Area:
  ☐ COMPASS ☐ Beacon ☐ SYEP ☐ Cornerstone ☐ NDA ☐ Other ______________________________________
Agency Address:  _____________________________________________________________________________
City:   _________________________________State: _________ Zip Code: _____________________
Current Job Title: _______________________________ Start Date of Employment: ________________________
Description of Duties: __________________________________________________________________________
Work Address (if different):  __________________________________________________________________
City: __________________________________           State: _________              Zip Code: _______________________
Work Phone & Extension __________________________________ Work Fax: _____________________________
Agency/Facility Director:  ___________________________________________________________________________
Supervisor’s Name & Title:  ___________________________________________________________________________
Supervisor’s Telephone: ___________________________ Supervisor’s E-mail: _______________________________

Based on your work schedule, when are you most typically available? □ AM □ PM

PREVIOUS EMPLOYMENT

Agency Name: ___________________________________________________________________________

Agency Address: ___________________________________________________________________________

City: _____________________________ State: _____ Zip Code: _______________

Job Title: ___________________________________________________________________________

Start Date of Employment: _______________ End Date of Employment: _______________

Month/Year Month/Year

Description of Duties: ___________________________________________________________________________

How did you learn about the DYCD Scholars for Program Directors?

□ My agency:

□ Flyer □ A mailing □ Staff meeting □ Conference □ Other (specify): ____________________________

□ My college (specify): ____________________________________________________________________

□ DYCD (specify): ________________________________________________________________________

□ Other (specify): _______________________________________________________________________

EDUCATION INFORMATION

Please list in chronological order all colleges and professional schools you attended or are currently attending:

<table>
<thead>
<tr>
<th>Dates</th>
<th>College/Institution</th>
<th>Degree Granted (or expected graduation date)</th>
<th>Academic Major</th>
<th>Total Credits Earned</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
PERSONAL AND PROFESSIONAL STATEMENT

On a separate sheet of paper, in no more than 500 words (e.g., two double-spaced pages), prepare a typed statement that specifically addresses the following:

1. What are your future academic and career plans in the youth field?
2. How will the DYCD Scholars for Program Directors advance these goals?
3. Describe a situation at your workplace in which you demonstrated your professional ability and/or commitment to youth work.
4. Discuss any additional information you feel might further support your candidacy (volunteer work, awards, personal philosophy, etc).

I affirm that all information and statements provided in this application are complete and accurate. I understand that any false or misleading information or statements will disqualify me from further consideration for DYCD Scholars for Program Directors.

Signed_________________________________________________ Date _____________________________________________

FERPA RELEASE AUTHORIZATION

The Family Educational Rights and Privacy Act of 1974 prohibits access to, or release of, educational records or personally identifiable information contained in records (other than directory information) without the written consent of the student, with certain regulatory exceptions. A description of a student’s rights under FERPA is set forth in more detail on www.cuny.edu.

I, the undersigned, hereby authorize CUNY to release demographic information and pertinent information from my academic transcripts to NYC Department of Youth and Community Development (DYCD). I also authorize CUNY to release to DYCD information regarding my job status throughout my participation in this program.

Signed_________________________________________________       Date _____________________________________
DYCD Scholars for Program Directors

Agency/Organization Recommendation Form

TO THE APPLICANT:
Complete the information below (please print or type) and give it to your executive director or current supervisor at your agency. They should place this form in a sealed envelope and return it to you, so you can attach it to your application.

NAME OF APPLICANT

______________________________ ___________________________ __________________
Last       First      Middle

NAME OF RECOMMENDER __________________________________________________________

POSITION/TITLE _____________________________________________________________

TO THE RECOMMENDER:

The person named above is applying for the DYCD Scholars Directors’ Program. We find that candid comments from those who have direct experience with the candidate and can evaluate the applicant’s performance and motivation are extremely valuable. We appreciate the time you are taking to provide this information.

How long have you known the applicant? __________________________________________

In what capacity? ________________________________________________________________

Please use this scale to rate this applicant in relation to his or her peers

<table>
<thead>
<tr>
<th></th>
<th>Exceptional</th>
<th>Outstanding</th>
<th>Good</th>
<th>Average</th>
<th>Poor</th>
<th>Unable to Judge</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interaction with youth</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Commitment to the youth field</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Supportive of peers</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Initiative</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Leadership</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maturity</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dependability</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

I recommend this applicant: ☐ without any reservations. ☐ with some reservations. ☐ I do not recommend this applicant.

Comments:
_______________________________________________________________________________________________

Signature: ______________________________________ Date: ____________________________