Professional Development for Leaders in the Youth Field

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  |  August 19, 2019, 5pm
The DYCD Scholars Program

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, thus contributing to their career growth and the quality of services provided to youth in New York City.

Program Overview
DYCD Scholars is a program that fosters a community of practice by bringing together a cohort of leaders in the youth field. This investment aims to keep committed, well-trained staff in the youth field, both in direct service and administrative roles, and encourage their occupational commitment. The program also supports Scholars’ timely graduation from CUNY.

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

- **Participate in a Community of Practice:** DYCD Scholars are expected to actively participate in program activities to foster a community of practice: a cohort of leaders who are able to share professional experiences and a sense of belonging. DYCD Scholars will engage in both in-person and virtual networking opportunities, including workshops, webinars, and an on-line community.

- **DYCD Scholars are expected to:** (a) meet twice a semester for in-person workshops (*Scholars should make every effort to attend.*); (b) commit to ongoing participation in an on-line community; and (c) have access to a phone, computer, and internet.

- **Networking and Peer Support:** DYCD Scholars will participate in program events and experiences which allow them to grow professionally within the youth field. Scholars will also receive information about other relevant offerings. These interactions will allow Scholars 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 Scholars about their academic transitions and goals.

Eligibility Criteria

- **Employment:** Candidates must: (a) have at least one year of satisfactory employment as staff in the youth field; (b) be currently employed by a DYCD-funded youth program. *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 student**; (b) matriculated in an associate, bachelor’s or master’s degree program, or graduate certificate in a variety of disciplines including related health, education, human services, or related business majors; and (c) meet the following credit requirements:
  - for an associate degree, must be within 30 credits of graduation;
  - for a bachelor’s degree, must be within 45 credits of graduation;
  - for a master’s degree, must be within 15 credits of graduation
If you were a DYCD Scholar and have transitioned to your next degree, you must apply for support within one year of completing your previously supported degree.

DYCD Scholars must also have a legitimate social security number in order to receive their stipends.

**Award Stipends**

- DYCD Scholars will receive between $500.00 and $1,000.00 in Fall 2019 for tuition, books, transportation, fees, childcare, and other expenses associated with their higher education. *(Stipends are contingent upon spring enrollment for the program. Scholars are responsible for paying their tuition and other fees by the deadline set by CUNY. DYCD Scholars stipends are sent to awardees after those deadlines have passed.)*

- Scholars 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.

- In order to be eligible for possible funding in Spring 2020, Scholars 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.

**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 at 5 pm.** Late and incomplete applications will not be considered. Finalists may be interviewed in person or by phone. DYCD Scholars will be notified in mid-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
DYCD Scholars Program  
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 Program?

☐ 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, graduate, 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>
</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 program advance these goals? What appeals to you about participating in a community of practice?
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.

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 Program
Agency/Organization Recommendation Form

TO THE APPLICANT:
Complete the information below (please print or type) and give it to your executive director, current supervisor, or other professional 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 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>Interaction with youth</th>
<th>Exceptional</th>
<th>Outstanding</th>
<th>Good</th>
<th>Average</th>
<th>Poor</th>
<th>Unable to Judge</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Commitment to the youth field</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Supportive of peers</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Initiative</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Leadership</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Maturity</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Dependability</th>
</tr>
</thead>
</table>

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

Comments:
________________________________________________________________________________________

Signature: _____________________________ Date: _____________________________