

2024 Guide to Applying Online for SYEP with TCAC

Most of the questions in the [SYEP application](#) are easy to follow. However, there are a few areas where guidance is needed in order to ensure that your application is submitted for placement with the **New York City Department of Education - TCAC**. The criteria for students is as follows:

- Be 14 to 21 years of age;
- Enrolled in and attending a New York City Public School (NYCPS);
- Have a current Individualized Education Program (IEP) or 504 Plan;
- Reside in one of the five boroughs of New York City (The Bronx, Brooklyn, Manhattan, Queens, or Staten Island); and
- Be legally authorized to work in the United States.

Important note: Do not indicate that you have a disability and an IEP if you do not. Only applicants with an IEP or 504 Plan are eligible to be considered for placement with NYC DOE - TCAC.

Getting Started

- Be sure to have your Social Security Number, date of birth, and your personal email address available.
- Click the following link to start your application: [Application.nycsyep.com](https://application.nycsyep.com).
- Select the “Apply Online Now” tab to start your application.
- Write down your username and password and store them in a safe place.



**2024 Summer Youth Employment Program
(SYEP) Application**

DYCD Youth Employment Programs

- Apply Online Now
- View/Edit Application
- Application Status
- FAQ & Other Documents
- Check Your Pay Information

Answer all questions in each section including Personal Information, Address Information, Additional Information, Contact Information, Educational Status, Public Assistance, and Family Information until you reach the section on Demographic Information. Follow the guidelines noted next for Demographic Information. Be sure to [search for your school’s DBN](#) if you do not know it.

Demographic Information

Is the applicant Veteran/Active Military Personnel?*

No

Does applicant have a disability?:

Yes

You must choose "Yes" to having a disability to have your application submitted to TCAC

You selected yes to having a disability. If selected to participate in the program, you will need to provide documentation proving your disability. Selecting that you have a disability when you do not may preclude you from getting a job. If you do not have a disability, please select "No". Select "Yes" only if you would like to proceed.

If you have a DBN# please enter it here:

10x44

You must enter the DBN for your school to have your application submitted to TCAC

Is applicant currently in the foster care system? : *

No

Is applicant currently homeless? : *

No

Is applicant currently a runaway? : *

No

Is applicant currently receiving ACS Preventative Services? : *

No

Is applicant an offender or court involved? : *

No

Is applicant a Parent/Legal Guardian? : *

No

Is the applicant a current DOE - D79 Student? *

No

Does the applicant have an Individualized Education Program (IEP)? *

Yes

Indicate whether or not you have an IEP

Are you a member of the Business LINK (HRA Cash Assistance Program) *

No

Is the applicant a Gender Based/Domestic Violence Victim?*

No

Referring Agency

--Select--

Do not select a Referring Agency

Please enter the PIN Number provided by the Referring Agency, if you have one:

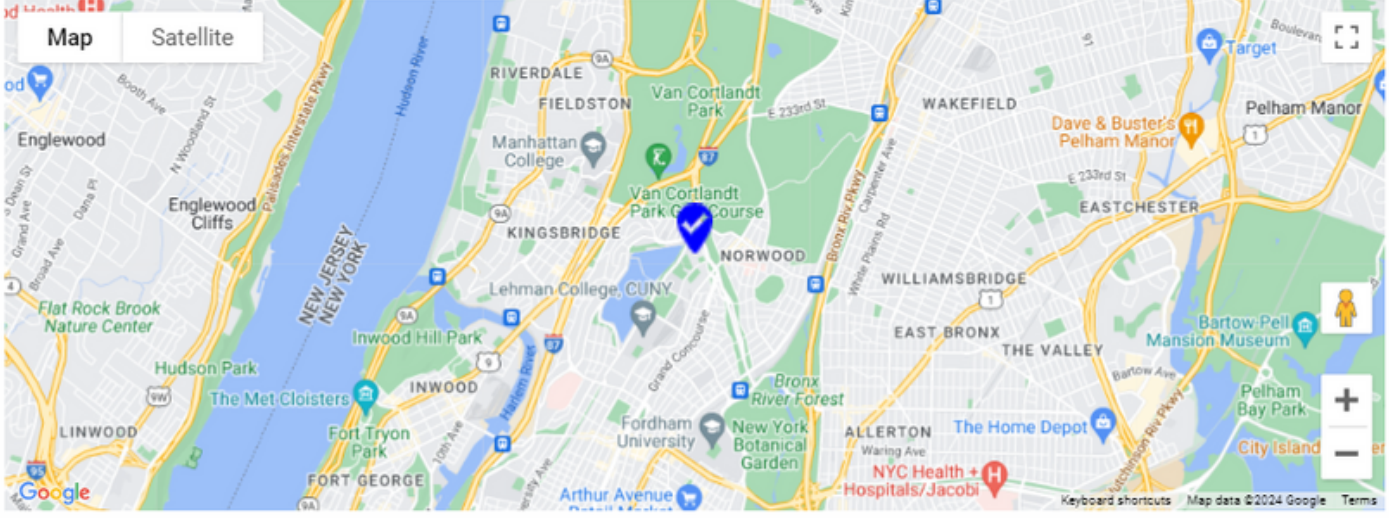
Do not enter a PIN

After completing the sections on Career Goal Information, Medical Coverage, and Getting Paid, click “Next” to review the Summary Page. Select “Continue” and you will arrive at the SYEP Provider Selection page below. **Do not** enter any information in the spaces provided at the top of the page. Scroll down below the map and click on “New York City Department of Education - TCAC.” Note: If you do not see the New York City Department of Education - TCAC as a Provider, please review the previous steps.

SYEP Provider Selection

Click on the SYEP provider for more information

Borough	Zip Code	Provider Name	Provider PIN #	
--Select- ▼	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="button" value="Search"/> <input type="button" value="Clear"/>



Provider	Address	Distance
New York City Department of Education - D75	400 First Ave. Manhattan, NY 10010	11.039 miles
New York City Department of Education - TCAC	, NY	13.124 miles

Scroll down to the bottom of this page and click on “Select Provider.”

Name of SYEP Provider:	New York City Department of Education - TCAC
Provider Site Borough:	
Zip Code:	
Borough:	
Phone Number:	718 - 420 - 5723
Email Address:	nycacacs@schools.nyc.gov
Provider's Website:	www.schools.nyc.gov

Travel Directions

Train(s)/Bus(es) (indicate lines and names of stations/stops):

Bronx Travel Directions: 4 Train to Mosholu or Bus Bx2 to West Mosholu Pkwy S/Paul Av
Brooklyn Travel Directions: A Train to Utica
Manhattan Travel Directions: A C E train to 34th street
Queens Travel Directions: E or F train to Sutphin Blvd
Staten Island Travel Directions: S76 to Clove Road

Cross-streets:

Bronx TCAC: West Mosholu Parkway South and Paul Ave
Brooklyn TCAC: Utica and Fulton
Manhattan TCAC: Between 7th and 8th avenue
Queens TCAC: Between Jamaica and 90th avenue
Staten Island TCAC: Grant Street and Bay Street

Additional Instructions:

Bronx Transition and College Access Center (BXTCAC)
100 W Mosholu Pkwy South, Room 150 Bronx, NY 10468
Main Office: 718.581.2250
Email: BXTCAC@schools.nyc.gov

Office Hours:

Please get in touch with the borough office where you attend school Monday through Friday between the hours of 9:00am to 4:30pm

Select Provider Cancel Logout

After choosing “Select Provider” you will arrive at the Provider Confirmation page. Click on “Confirm YWD Provider.”

The SYEP provider that you have selected is:

New York City Department of Education - TCAC

New York, NY

Are you sure you wish to send your application to this SYEP provider?

Please note that once your application has been submitted you will not be able to change your SYEP provider selection.

Confirm YWD Provider Home Logout

You will arrive on the page below regarding the Pay Card. Review and select “Agree.”

U.S. Bank Focus Card Pre-Acquisition Disclosure
Program Name: 365 Core 2 NCRF

You have options as to how you receive your payments, including direct deposit to your bank account or this prepaid card. Ask your employer for available options and select your option.

Monthly fee	Per purchase	ATM withdrawal	Cash reload
\$0	\$0	\$0 <small>in-network</small>	\$5.95*
		\$2.00 <small>out-of-network</small>	

By clicking "Agree", I acknowledge that I have reviewed the U.S. Bank Focus Card Pre-Acquisition Disclosure.

[Agree](#) [Cancel](#) [Logout](#)

After selecting “Agree” you will arrive at the page below to confirm your desire to submit your application for the 2024 SYEP. Read all of the information carefully, enter your Social Security Number (SSN), enter your date of birth, and click the checkbox “I Agree.”

Please read the following information and check the agreement box if you wish to submit this application. If you are under 18, please note if selected from the lottery you must obtain your parent or guardian’s permission before you can receive placement in the program.

By checking the box below, I certify that all information provided on this application is true and correct. I understand that my statements are subject to verification. I also understand and agree to submit my application for the NYC Summer Youth Employment Program (SYEP) lottery. I understand and agree that submission of an application does not guarantee my eligibility for or placement into SYEP. If under 18, I understand that failure to obtain my parent or guardian’s permission will prevent me from participating in SYEP. By submitting your application to DYCD, you acknowledge that information provided in this application and during any participation in the program may be used by the City of New York to evaluate and improve City services and programs or to access additional funding.

I understand and agree that my information will be shared with the Community Based Organization I have selected as my Provider to enroll and assign me to a site. Both DYCD and the Provider may contact me using the contact information I have provided for mail, phone, email and text messaging, and I understand and agree that it is my responsibility to regularly monitor these accounts. In the case of text messaging, standard carrier charges may apply.

Consent for Emergency Medical Treatment- If Parent/Guardian is completing for applicant under 18

If my child is enrolled as a participant in a DYCD-funded program, in the event of a medical emergency, I hereby give consent for necessary emergency medical treatment for my child to be obtained, with the understanding that I will be notified as soon as possible. I understand that every effort will be made to contact me, or, if I am unavailable, the emergency contact(s) listed, before and after medical care is provided.

Participant Consent for Photo/Videotaping

As a participant enrolled in a DYCD-funded program, please be aware that from time to time DYCD and the City of New York, its contracted providers, authorized agents, third-party organizations with which it collaborates, or other government, representatives (collectively, "Authorized Parties") may be present during program activities and special events associated with program services, both at the usual program location and at off-site events. In some cases, they may photograph, videotape, interview or otherwise record participants and their families and friends in these programs. The resulting images, videos, and interviews may be used, with or without the participant's name, in printed and electronic media such as brochures, books, print and email newsletters, DVDs and videos, websites, social media and blogs (collectively, "Media"). I hereby authorize and permit the Authorized Parties, without compensation and without further approval, to photograph and/or record my and my child's image, name, likeness, and the sound of my and my child's voice during DYCD-funded program activities and special events, and I hereby consent to the resulting images, videos and interviews being used, without compensation and without further approval by the Authorized Parties solely for non-profit, non-commercial purposes in any and all Media.

Participant Consent for Use of Original Work

If, in the course of participating in DYCD-funded program activities and special events, any original work such as art, music, choreography, poetry, or prose (collectively, "Original Work") is created by me or my child, I hereby consent to such Original Work being used by the Authorized Parties, without compensation and without further approval, solely for non-profit, non-commercial purposes in any and all Media.

Consent To Receive Documentation from Other City Agencies


I, the undersigned, certify that all information on this form is true and correct. I understand that my statements are subject to verification. I further understand that certain false statements may subject me to criminal prosecution under both New York State Penal Laws, section 175.35 and Federal Law, 18 U.S.C.A. 1001, and to civil action for return of all monies received. I acknowledge that information I have provided in this application and during my (or my child's if I am signing on their behalf) participation in the program may be used by the City of New York to evaluate and improve City services and programs or to access additional funding. I consent to DYCD's obtaining vital records of mine (or my child) such as birth certificate, social security card, proof of address, and/or school transcript directly from any city agencies who have those records, including, without limitation, the New York City Department of Education. I agree and accept that I (and my child if I am signing on their behalf), will abide by all applicable rules and regulations of this program.

Social Security Number

It is important that you use the social security number exactly as it appears on your social security card. If you need a new card or need to update your information, you can go to the Social Security Administration website for further information on how to do so. <https://www.ssa.gov/ssnumber>. A simple transposition of numbers in the SSN can cause your name to be flagged, so please be careful when entering this information to make sure it is correct.

SSN

BirthDate

I agree

I Agree

Home

Logout

When you have correctly entered your SSN, birth date, checked the box “I Agree,” and clicked “I Agree,” you will see the message below informing you that you have successfully submitted your application.

Online Id [REDACTED] - Submitted

Your application for the SYEP 2024 Program has been successfully submitted

Next steps:

- Check your email daily for correspondence from DYCD or SYEP or YEPS and your respective borough TCAC office:

BXTCAC@schools.nyc.gov

BKLYNTCAC@schools.nyc.gov

MNTCAC@schools.nyc.gov

QNSTCAC@schools.nyc.gov

SITCAC@schools.nyc.gov

- Gather all of your required supporting documents so that you can be prepared to submit them immediately.

Note: Only applicants who meet the criteria for TCAC, whose applications are complete, and whose documents are submitted in a timely manner can be considered for available SYEP slots with TCAC. Submission of an application and documents does not guarantee selection for participation in SYEP.