

THE NEW YORK PUBLIC LIBRARY BRIDGEUP PROGRAM

PROGRAM DESCRIPTION & APPLICATION

Welcome! We are excited about your interest in applying to BridgeUP at the New York Public Library! If you haven't done so already, please read through our website (www.nypl.org/BridgeUP) to learn more about the program. It is important that you have an understanding of what BridgeUP is and what is expected of its students. Because we believe more students may apply than there are openings, the NYPL cannot promise that everyone who applies will be accepted.

WHAT IS NYPL BRIDGEUP?

BridgeUP is a free mentorship program available to NYC Teens, beginning as early as the 9th grade and continuing through high school graduation. Regardless of when you join the "BridgeUP Fam", our Staff is committed to providing an "out-of-school time" experience that meets *your* needs, sparks *your* interests, and supports *your* effort towards achieving *your* goals. With access to technology, tutors, field-trips, guest speakers, and more, BridgeUP provides an ideal space for you and your friends to get involved in fun stuff, while receiving the academic guidance and support you need to be prepared for life *after* high school.

WHERE AND WHEN DOES NYPL BRIDGEUP TAKE PLACE?

We are located at several NYPL branches throughout the city. In general, BridgeUP sites are open Monday - Thursday between 3:00pm and 7:00pm, and on alternating Fridays from 3:00pm - 5:00pm. Schedules vary slightly across sites, so please contact the BridgeUP Staff member listed below for the site you'd like to join.

SITES ACCEPTING 10 TH & 11 TH GRADERS	Manhattan	96 TH STREET LIBRARY	112 East 96th Street NY, NY 10128	Charles Nicholson @ (347) 405 - 0754 charlesnicholson@nypl.org
	Manhattan	COUNTEE CULLEN LIBRARY	104 West 136th Street NY, NY 10030	Maya James @ (917) 847 - 2132 mayajames@nypl.org
	Bronx	BRONX LIBRARY CENTER	310 E. Kingsbridge Road Bronx, NY 10458	Shawn Jean-Louis @ (718) 915 - 6879 shawnjeanlouis@nypl.org
	Bronx	BELMONT LIBRARY	610 E. 186th Street Bronx, NY 10458	Francheska Santos @ (347) 260 - 2739 francheskasantos@nypl.org
	Bronx	ALLERTON LIBRARY	2740 Barnes Avenue Bronx, NY 10467	Jonathan Tupas @ (718) 915 - 4597 jonathantupas@nypl.org

SITES ACCEPTING 9 TH GRADERS	Manhattan	COUNTEE CULLEN LIBRARY	104 West 136th Street NY, NY 10030	Emily Storer @ (347) 267 - 0380 emilystorer@nypl.org
				Thomas Butler @ (917) 679 - 0106 thomasbutler@nypl.org
	Bronx	BRONX LIBRARY CENTER	310 E. Kingsbridge Road Bronx, NY 10458	Robert Duarte @ (347) 882 - 4605 robertduarte@nypl.org
				Ronnie Kennedy @ (718) 877 - 0136 ronniekennedy@nypl.org

HOW DO YOU SUBMIT YOUR COMPLETED APPLICATION TO BRIDGEUP?

Students can submit completed applications (including all requested materials) at one of the BridgeUP locations listed above. Please be sure that the site you select is currently accepting applications from students in your grade. If you have any questions about the program, or the application, please contact a BridgeUP Staff member listed above, or our BridgeUP Headquarters at: bridgeup@nypl.org / 212-592-7572.

We look forward to reviewing your application materials! Good Luck!!

THE NEW YORK PUBLIC LIBRARY -- BRIDGEUP PROGRAM

APPLICATION

As part of the application process, it is important for us to collect school-related information, as well as information about you and your interests. Applicants and their parent(s) must complete Pages 2-6 and submit the materials listed on Page 3. Please ask a current or former teacher of yours to fill out the *Teacher Recommendation Form & Summary* (Pages 7 & 8), and return (to a local BridgeUP site near you) with your other materials. *Please complete this application to the best of your ability, answering each question honestly.*

APPLICATIONS ARE DUE: ASAP

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CONTACT INFORMATION ABOUT APPLICANT AND FAMILY

STUDENT CONTACT INFORMATION:

Student's Name: _____

Preferred Nickname (if any): _____

Date of Birth (mm/dd/yyyy): _____ Age: _____

Student's Address: _____

PARENT/GUARDIAN & EMERGENCY CONTACT INFORMATION:

Parent/Guardian Name -- First: _____ Last: _____

Parent Telephone # -- Cell: _____ Home: _____

Parent Email Address -- _____

Parent/Guardian Address -- _____
(if different than student)

EMERGENCY CONTACT INFO:

Name -- First: _____ Last: _____

Relationship to Student-- _____

Telephone Number(s) -- Cell: _____ Phone: _____

PARENT/GUARDIAN CONSENT TO APPLICATION: *I have reviewed the Program Description and I would like my child to be considered for this Program.*

Parent /Guardian Full Name: _____

Relationship to Student: _____

Parent/Guardian Signature: _____ Date: _____

EDUCATIONAL INFORMATION

CURRENT SCHOOL INFORMATION:

School Name: _____ Student's Grade: _____

School Address: _____

CURRENT SCHOOL CONTACTS:

Guidance Counselor's Name: _____

Telephone Number: _____ Email: _____

Principal's Name: _____

Telephone Number: _____ Email: _____

ACADEMIC PERFORMANCE: *To understand your school performance thus far, please submit the following documents for our review.*

9th, 10th, & 11th Grade Applicants:

- ◆ Copy of your most recent report card & transcript
- ◆ Teacher Recommendation Form and Summary (Pages 7 & 8)

If you do not know where to collect these documents, please ask your parent, a teacher, or other school staff member to assist you.

CONSENT FOR TEACHER RECOMMENDATION FORM & SUMMARY (PAGES 7 & 8)

PARENT/GUARDIAN & STUDENT CONSENT: *We give permission for the Teacher to prepare the attached form based on information that he/she has learned about Student as his/her classroom teacher. We understand that the teacher completing this form may not want to show us the form after he/she completes it. We agree that the form will be confidential and we will not see or receive a copy of it.*

Parent/Guardian Name: _____	Parent/Guardian Signature: _____	Date: _____
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Student Name: _____	Student Signature: _____	Date: _____
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STUDENTS:

- 1)** Please complete the Student Application Questions & Essay on Pages 4 - 6;
- 2)** Please give Pages 7 & 8 to a teacher at your current school whom you feel knows you best.

STUDENT APPLICATION QUESTIONS

1) We would like to learn about what YOU think are your areas of strength and areas that need improvement.

Please list your <u>3</u> greatest strengths or 3 things you think you do well:	Please list <u>3</u> things that you think you could do better, if you had someone to help you:
1)	1)
2)	2)
3)	3)

2) Below is a list of activities that some people consider a hobby, or a personal interest. Please check (☑) the activities you would like to do if you had the opportunity to pursue them. (Check as many as you would like!)

<input type="checkbox"/>	Exercising/ Playing Sports
<input type="checkbox"/>	Playing a musical instrument
<input type="checkbox"/>	Singing/ Music Production
<input type="checkbox"/>	Listening to music
<input type="checkbox"/>	Creative writing

<input type="checkbox"/>	Computer games
<input type="checkbox"/>	Drawing/ Sketching
<input type="checkbox"/>	Acting/ Performing
<input type="checkbox"/>	Cooking
<input type="checkbox"/>	Reading

<input type="checkbox"/>	Taking Pictures
Other (<i>list below</i>)	
1)	_____
2)	_____
3)	_____

3) Please tell us about 1-2 of your long-term goals, or lifelong dreams, and why you want to pursue them.

AFTER-SCHOOL SCHEDULE

ALL APPLICANTS:

BridgeUP encourages and expects its Scholars to attend program no less than 3 days per week. However, we do understand that some Scholars may have other commitments throughout the year that could conflict with our schedule. Please note that while we cannot always accommodate a Scholar's schedule conflict, we do our best to be flexible and to find a solution that works well for the Scholar and the Program. Each case is reviewed individually and a decision is made based on multiple factors.

APPLICANT'S BRIDGEUP AVAILABILITY 2016-2017

*Please complete the schedule below and indicate which days you **ARE AVAILABLE** to participate in BridgeUP activities.*

Monday	Tuesday	Wednesday	Thursday	Friday

OTHER AFTER-SCHOOL COMMITMENTS 2016-2017

*Please complete the schedule below and indicate which days you **ARE NOT AVAILABLE** to attend BridgeUP due to your involvement with other After-School activities.*

Monday	Tuesday	Wednesday	Thursday	Friday

TEACHER RECOMMENDATION FORM & SUMMARY

Dear Teacher,

This student is applying for enrollment in the NYPL BridgeUP program, an Out-of-School Time program that provides mentorship, academic tutoring, college prep, and engagement in a number of creative activities that support learning and personal development. To understand the student from the teacher's perspective, we ask that you complete this form and write a brief summary about the student applicant (Pages 7 & 8). Once completed, please return to us via email (BridgeUP@nypl.org) or in a sealed envelope to the student applicant.

Student Name: ^(First & Last) _____ How long have you known the student? _____

In what capacity have you known this student? _____

Please rate this student on the following qualities, compared to other students with whom you have worked in the past.

	N/A	Below Average	Average	Good <i>above average</i>	Very Good <i>well-above average</i>	Excellent <i>top 10%</i>	In Top 2%
Creative, original thinker							
Sense of humor							
Motivation							
Independence, initiative							
Intellectual ability							
Academic achievement							
Written expression of ideas							
Group participation and class discussion							
Interpersonal skills with peers							
Interpersonal skills with adults							
Disciplined work habits							
Potential for growth							

PLEASE CONTINUE ONTO THE NEXT PAGE. THANK YOU!

TEACHER RECOMMENDATION SUMMARY

In the space below (or an attached sheet) please describe the applicant as a student in the classroom and as a peer to his/her classmates. Additionally, please describe the student with regard to his/her academic strengths and weaknesses, school performance and potential, character strengths and areas for growth, and anything else that you think would make this student an excellent candidate for the NYPL BridgeUP program.

Name:	Signature:	Date:
Title:	Email:	Tel: