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.

<table>
<thead>
<tr>
<th>Sites accepting 10th &amp; 11th Graders</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Manhattan</strong></td>
</tr>
<tr>
<td><strong>Manhattan</strong></td>
</tr>
<tr>
<td><strong>Bronx</strong></td>
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<tr>
<td><strong>Bronx</strong></td>
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<tr>
<td><strong>Bronx</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Sites accepting 9th Graders</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Manhattan</strong></td>
</tr>
<tr>
<td><strong>Bronx</strong></td>
</tr>
<tr>
<td>Ronnie Kennedy @ (718) 877 – 0136 <a href="mailto:ronniekennedy@nypl.org">ronniekennedy@nypl.org</a></td>
</tr>
</tbody>
</table>

**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!!

Visit us on the web - nypl.org/BridgeUP * instagram.com/nyplBridgeUP * twitter.com/nyplBridgeUP * facebook.com/nyplBridgeUP
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

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: _________________

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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.**

ACADEMIC PERFORMANCE (CONTINUED):

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.

<table>
<thead>
<tr>
<th>Parent/Guardian Name: ____________________________</th>
<th>Parent/Guardian Signature: ____________________________</th>
<th>Date:____________</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Student Name: ____________________________</th>
<th>Student Signature: ____________________________</th>
<th>Date:____________</th>
</tr>
</thead>
</table>

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.

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

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!)

<table>
<thead>
<tr>
<th>Exercising/ Playing Sports</th>
<th>Computer games</th>
<th>Taking Pictures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Playing a musical instrument</td>
<td>Drawing/ Sketching</td>
<td>Other (list below)</td>
</tr>
<tr>
<td>Singing/ Music Production</td>
<td>Acting/ Performing</td>
<td>1) ____________________</td>
</tr>
<tr>
<td>Listening to music</td>
<td>Cooking</td>
<td>2) ____________________</td>
</tr>
<tr>
<td>Creative writing</td>
<td>Reading</td>
<td>3) ____________________</td>
</tr>
</tbody>
</table>

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

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
STUDENT APPLICATION ESSAY

In the space below, or on an attached sheet, please explain why you would like to be considered for this program, and how you think your enrollment in the program would be of benefit to you. *(Do the best that you can- you do not need to fill out the entire page!)*

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Visit us on the web - nypl.org/BridgeUP * instagram.com/nyplBridgeUP * twitter.com/nyplBridgeUP * facebook.com/nyplBridgeUP
**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.

<table>
<thead>
<tr>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
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<tbody>
<tr>
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</table>

**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.

<table>
<thead>
<tr>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
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<tbody>
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</tbody>
</table>
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.

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

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.

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Name: ___________________________ Signature: ___________________________ Date: ____________

Title: ___________________________ Email: ___________________________ Tel: ___________________________