## **CUNY COUNSELING ASSISTANTSHIP PROGRAM (CUNYCAP)**

Application for: (Check one) ☐ Fall 2022 Program ☐ Spring 2023 Program PERSONAL INFORMATION Mr. / Ms. Name: First Middle EMPLID: \_\_\_ \_\_ \_\_ \_\_ \_\_\_ Address: Apartment Number Number and Street City, State and Zip Code Telephone: Home: ( \_\_\_\_\_ ) \_\_\_\_\_ Work: ( \_\_\_\_ ) \_\_\_\_\_ Do you speak a language other than English? no yes Language: \_\_\_\_\_ ☐ yes ☐ no Are you a U.S. veteran? Marital status: □ single □ married Are you a U.S. citizen? ☐ yes ☐ no ☐ Male ☐ Female Sex: Date of birth: / / Please state country of birth: Please state country of citizenship: Immigration status: 🗖 U.S. Permanent Resident alien registration (green) card # date obtained other, please specify date obtained expiration date UNDERGRADUATE INFORMATION CUNY College: Major: GPA: Date of Graduation: CUNY Community College attendance (if any): Were you a participant in the □ SEEK Program and\or □ College Discovery? GRADUATE INFORMATION AND PROFESSIONAL GOALS College: Area of Graduate Study: Status: Applied for \_\_\_\_\_ semester Accepted for \_\_\_\_\_semester ■Enrolled - Date of enrollment Expected Date of Graduation: Program/Faculty Advisor and Telephone: \_\_\_\_\_ (\_\_\_\_) Reason for Graduate Study: Upon completion of your graduate study, what type of position will you seek? Where do you see yourself in five years?

| EXPERIENCE   |   |
|--|---|
| Current or most recent site of employment:   |   |
| Address:   |   |
| Telephone: ()  |   |
| Supervisor: Dates employed:  | month/year to month/year  |
| Position/description of responsibilities:  | month/year month/year   |
| Previous and/or other employment: (please include any work as a college assistant, tutor, etc.)  Address:      |   |
| Telephone: ()  |   |
| Supervisor: Dates employed:  | month/year to month/year  |
| Position/description of responsibilities:  | month/year month/year   |
| CUNYCAP PARTICIPATION  |   |
| CUNYCAP offers many mentoring and advisement opportunities. Le   | et us know what might appeal to you.                                    |
| Student Activities/Central Depository Other  |   |
| **************************************   |   |
| 2. Why are you a strong candidate for CUNYCAP?   |   |
| 3. Other information?  |   |
| How did you learn about CUNYCAP?   |   |
| Reminder!!! Please submit <u>TWO</u> letters of recommendation status (letter of acceptance, transcript, etc.) | n <u>and</u> proof of your graduate school                              |
| Thank you for your interest and assistance. Please return this application to:                                 | "CUNYCAP" ProgramOffice of the VP for Student Affairs 2113 Boylan Hall  |
| Signature  | Brooklyn College<br>Bedford Avenue, New York 10036<br>Brooklyn NY 11210 |
| Date:  | Telephone: 718.951.5352<br>Attn: Christopher Garcia                     |