



The State University
of New York

University Center for Academic and Workforce Development Success Story Guidelines

Please, incorporate the following list of elements into each success story:

- Participant's Name (use Mr., Ms., or Mrs.; First and Last name)
- Name of Program (EOC/ATTAIN)
- Good headlines have impact. They summarize the story and should include action verbs that bring the story to life. Your headline should include only a few words.
- The introduction should showcase the challenge the person encountered. Continue by describing what action was taken to improve the situation and describe the end result/benefit. Reference the type of training/services that were provided. Highlight how challenges were resolved as a result of our programs. Stories should be personalized to show the impact of the program on their life. What was the outcome? If it was a job, reference the place of employment, job title and field. If it was continuing their education, reference where, in what field and their end goal. What changed for the person? How did it make a difference in their life?
- Each story should be no longer than one-half, single spaced, typed page. Calibri 11 font should be used (maximum number of words: 250).
- Include color picture of participant (digital preferred). Make sure picture matches story.
- Please develop a social media hashtag to be included with the story. Include a 140-character blurb capturing the essence of the success story.
- Write the story in the third person with quotes from the individual. (Recommendation: To gather participant feedback, share a copy of the draft with the featured participant(s) prior to sharing a final copy with UCAWD.)
- Stories submitted will go through a review process that includes checking for spelling, language, structure and the overall effect of what is being written.
- UCAWD staff reserve the right to edit or not use stories with no prior contact with author.

Signature of Person Submitting Success Story

Date



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**Success Story
Checklist**

(Please complete the checklist for each Success Story being submitted and send via e-mail along with all necessary attachments. All required information must be completed and attached to the checklist. Success Stories must be submitted via e-mail. Photos may be submitted via e-mail or originals sent by mail with participant's name on the back).

Program Submitting
Success Story

Participant's Name

Success Story

Digital Photo or Original Photo

Signed Release Form (Attachment A)

Zip Code and District Information (Attachment B)

Signature of Person Submitting
Success Story

Date



**SUCCESS STORY
PARTICIPANT RELEASE FORM**

I, _____, a participant in the _____
(Print Name) **(EOC/ATTAIN)**

at _____ do hereby give permission to have
(Name Location/Site)

my photo/video graphic image and article used in marketing materials to promote and

assist the State University of New York University Center for Academic and Workforce

Development in a manner in which it deems appropriate.

Participant's Signature

Date

**(Signature of Parent/Guardian if
participant is under the age of 18)**

Date



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Please complete and forward via e-mail with each story and picture. Mail original.

Participant's Last Name: _____

Participant's First Name: _____

	County	Zip Code		District Number
Where does the participant reside?			Assembly District	
			Senate District	
Where was the participant served?			Assembly District	
			Senate District	
Where was the participant placed?			Assembly District	
			Senate District	

Signature of Person Submitting
Success Story

Date