The University at Albany STEP Summer Institute ACE Program enables exceptional rising seventh graders through tenth graders from historically underrepresented and/or economically disadvantaged backgrounds to participate in a three-week day program on the Uptown Campus of the University at Albany. Our ACE Program’s vision is to enhance students’ academic and career skills, and prepare them for an enriched and competitive upcoming academic school year. We will select students who are interested in the STEM fields and/or licensed professions.
ACE Program Eligibility

Rising seventh graders through tenth graders students interested in a valuable academic and career exploration experience are encouraged to apply for this program. Applications will be selected based on GPA, STEM-related activities, and satisfactory essay.

The application deadline is June 3, 2016. No applications will be accepted after that date. Selection of qualifying students who can participate in the ACE Program will be limited to 50. The ACE Program will be funded by New York State Education Department (NYSED) and limited to U.S. citizens and permanent residents from historically underrepresented and economically disadvantaged backgrounds.

Read the following instructions CAREFULLY. The following three items must be submitted to complete the application process:

1. A completed and signed APPLICATION PACKET ready to be faxed (518-442-5419) or mailed to:
   UAlbany STEP
   EOP Complex
   1400 Washington Avenue
   LI 94T
   Albany NY, 12222

2. Your HIGH SCHOOL TRANSCRIPTS and SAT/ACT Scores (if available) and your most recent report card from a full academic year and, if applicable, college transcripts ready to be included with the application. CORE Program Applicants must have a 2.0/75 GPA or above.

3. A short, typed, 12 font size, Times New Roman, double-spaced and limited to one page ESSAY on the essay topic (150 words):

   *Discuss why you want to participate in the Summer ACE Program*

Application Deadline: All materials must be submitted by Friday, June 3, 2016. Incomplete applications will not be submitted to the selection committee. Students selected for the program will be notified by late May.

Questions? If you have any questions regarding the submission of application and supplementary documentation, please contact:

   STEP Program Coordinator, Ms. Etwin Bowman at ELBowman@albany.edu or (518) 442-9083
   OR
   STEP Interim Director Mayra E. Santiago at MSantiago1@albany.edu or (518)442-5175
Carefully read and complete the information below.

1. STUDENT DATA

Name: ________________________________

Last First Middle

Home Address: __________________________

Number Street Apt. No.

City __________________________ State Zip

Home Phone No: (______) ____________________ Cell Phone No: (______) ____________________

Date of Birth: __________________________ Sex: Male __________ Female __________

Ethnicity: Black ______ Hispanic ______ American Indian ______

Alaskan Indian ______ *Asian ______ *White ______ Other ______

* Economic eligibility must be documented according to State Education Department requirements prior to admission to the program

Current term: Fall 20_______ Spring 20_______ Summer 20_______

(year) (year) (year)

If this is NOT your first term in STEP, when did you enter the program for the first time?

Fall 20_______ Spring 20_______ Summer 20_______

(year) (year) (year)

Are you a resident of New York State? Yes __________ No __________

2. EDUCATIONAL INFORMATION

School Name: __________________________ Grade in Fall 2016: 7, 8, 9 10, 11, 12 (circle one)

Student ID #: __________________________ (New York State Student ID number - can be found on report card)

Guidance Counselor: __________________________

3. STANDARDIZED TEST SCORES:

SAT Scores:

Mathematics _______ Critical Reading _______ Writing _______

ACT Scores:

English _______ Mathematics _______ Reading _______ Science _______

4. HOBBIES/ INTERESTS/ AWARDS:

5. APPLICATION ESSAY Please provide a typed 12-font, double-spaced, 1-inch margins, Times New Roman 150 words essay explaining why you would like to participate in the ACE Program.

Completed Application Essay? Yes: _____ No: _____

6. Parent Release Form included with this application? Yes: _____ No: _____

7. STUDENT COMMITMENT

I understand that continued participation in STEP requires a commitment that I attend the program sessions, field trips, seminars and other events. Students are expected to present themselves as future professionals at all times, this include speech, attitude and behavior. I understand that my signature on this document constitutes an agreement between the University of Albany and me.

Student’s Signature __________________________ Date __________________________
FAMILY INFORMATION

Parent/Guardian Name: ____________________________________________________________

Parent/Guardian Address: _______________________________________________________

Parent/Guardian Address: __________________________________ Street Name

City State Zip

Parent EMAIL: ________________________________________________________________

Contact Numbers: (Work):_________________ (Home):_________________ (Cell):__________

Family’s Total Income [This information is required by and only for the STATE] (Check one)

0 to $21,590 __________ $21,591 to $29,101 _______ $29,102 to $36,612 _______

$36,613 to $44,123 _______ $44,124 to $51,634 ________ $51,635 to $59,145 _______

$59,146 to $66,656 ________ $66,657 and over _________

Number of persons in your household? ____ Do you qualify for free lunch/reduced lunch? YES _____ NO ____

HOSPITALIZATION INSURANCE

I have coverage________________________ I have no coverage_____________________

Name of Insurance Company: ______________________________________________________

Policy Identification: #____________________________________________________________

Name of Physician: _______________________________________________________________

Address of Physician __________________________ Telephone # __________________________

For students under 18 years of age, the following release must be signed by your parents/guardian.

I/we give my/our permission for my/our son/daughter to be medically treated in the case of an emergency, illness or injury.

Signed: __________________________ Relationship: __________________________

Signed: __________________________ Relationship: __________________________

EMERGENCY INFORMATION

Father's Work Address: ____________________________________________________________

Mother's Work Address: __________________________________________________________

Home Phone: _______________Father’s Work #_______________ Mother’s Work #:

Name, address and phone number of person to be contacted should your parents be unavailable:

Name: ___________________________ Phone: __________________________

Address: ________________________________________________________________

________________________________________________________________________

________________________________________________________________________
PARENTAL RELEASE FORM

I hereby give permission to the Science and Technology Entry Program (STEP), its agents, successor, assigns and/or newspapers, radio or television to use my son/daughter.

________________________________________
Please Print Full Name of Student

Photographs (whether still, motion or television) for publicity regarding UAlbany STEP.
Failure to submit signed student photo release forms will result in your child/children’s picture being EXCLUDED from the photographs taken by the photographer during the program. Pictures will also be OMITTED from all future publications and websites.

As the Parent/Guardian of _____________________________________________

Student’s Name

residing at _____________________________________________

Full Address

I/we, give permission for my son/daughter to participate in the Science and Technology Entry Program (STEP) at the University at Albany. I/we also authorize school and college personnel to release all information pertinent to the referral of my child to the Science and Technology Entry Program (STEP). It is my understanding that this information may include: a copy of the most recent report card, a copy of the most recent attendance record, a copy of a recommendation from a math or science teacher or guidance counselor and a copy of the most recent standardized test scores. This authorization shall remain in effect for the period that my child participates in STEP. I/we understand that all information will be kept confidential.

___________________________________________  __________________________
Parent/Guardian Signature                  Date