The University at Albany STEP Academic Year Program enables exceptional rising 7th graders through 12th graders from historically underrepresented and/or economically disadvantaged backgrounds to participate in our academic enrichment program. Our program’s vision is to enhance students’ academic and career skills to prepare them for an enriched and competitive upcoming academic school year. We will select students who are interesting in the STEM fields and/or licensed professions.
September 2016- May 2017
Schedule

The University at Albany
Uptown Campus
Education Room 123

Specific Saturdays from 10:00 AM to 1:00PM

FALL 2016

September 17th 24th
October 1st 8th 15th 22nd 29th
November 5th 12th 19th
December 3rd 10th

SNACKS WILL BE PROVIDED

Transportation will be provided.
A Durham school bus would leave:

North Albany Academy 9:00am
Green Tech High 9:10am
Hackett Middle 9:25am
Albany High 9:40am
**Academic Year Eligibility**

7th through 12th grade students interested in the STEM fields and licensed are encouraged to apply for this program. Applications will be selected based on GPA and STEM-related activities.

UAAlbany STEP is funded by New York State Education Department (NYSED) and provide services to U.S. citizens and permanent residents from historically underrepresented and economically disadvantaged backgrounds.

In order to participate, you must submit a completed and signed APPLICATION that can be faxed **(518-442-5419)** or mailed to:

**UAAlbany STEP**  
EOP Complex  
1400 Washington Avenue  
LI 94  
Albany NY, 12222

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

STEP Program Coordinator, Ms. Etwin Bowman at elbowman@albany.edu or (518) 442-9083  
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 Academic Year ‘16-’17: 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. Parent Release Form included with this application?    Yes: _____   No: _____

6. 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: ____________________________________________

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 __

HEALTH INFORMATION

Are you taking any kind of medication? _____ If so, please specify: __________________

Do you have any allergies? _____ If so, indicate what you are allergic to: __________________

Do you have, or have you had, any heart trouble? __________________

Do you have, or have you had epileptic seizures? __________________

Do you have Asthma? ________ Do you use inhalers? __________

Are you diabetic? __________________

Are you allergic to any kind of medication? ______

If so, please specify: __________________

Do you have any other health problems that may be relevant? __________________

Do you have any disabilities? YES / NO If YES, please mark the appropriate choices:

_____ Physical Disability _____ Learning Disability _____ Multiple Disabilities

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: ______________________
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

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: ________________________________________________

________________________________________

Parent/Guardian Signature