September, 2015 – June 2016

Students will be eligible for the program with an average of 80 percent 7th through 12th grade.

Transportation will be provided from the following locations:
- North Albany Academy 9:00 AM
- Green Tech High Charter School 9:10 AM
- Hackett Middle School 9:25 AM
- Albany High 9:40 AM

Returned applications must be signed in each section and have your most recent report card. Applications will not be accepted without these requirements.

Return application to:

Etwin Bowman

University at Albany, L194S, 1400 Washington Avenue, Albany NY 12222

Email: elbowman@albany.edu | Tel: 518.442.9083 | Fax: 518.442.5419
Carefully read and complete the information below.

1. **STUDENT DATA**

   Name
   
   Last  First  Middle

   Date of Birth: _____________________   Sex:   Male_______   Female______

   Home Address: ___________________________________________________________
   
   Number  Street  Apt. No.
   
   City  State  Zip

   Home Phone No: (_ _ _) _ _ _  _ _ _ _  Cell Phone No: (_ _ _) _ _ _  _ _ _ _

   Ethnicity:  Black____  Hispanic____  Native American____
   
   Alaskan Indian_____  *Asian_____  *White_____  Other ____________

   **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 2015 : 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. **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

City          State          Zip

Parent EMAIL:

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 ______________
EMERGENCY INFORMATION

Father's Work Address: ___________________________________________________
Mother's Work Address: __________________________________________________
Home Phone: ____________ Father’s Bus. # ___________________ Mother’s Bus#: __________

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 1 Please Print Full Name of Student 2

Photographs (whether still, motion or television) for publicity regarding this program 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____________________________________________________________
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