Career Exploration
July 6, 2015 – July 24, 2015

Orientation: TBD

Students will be eligible for the program with average of 70 percent
6th grade entering 7th
Through
9th grade entering 10th

Transportation will be provided from the following locations:
North Albany Academy 8:15 AM
Green Tech High Charter School 8:25 AM
Hackett Middle School 8:45 AM
Albany High 8:50 AM

Returned applications must be signed in each section with a 150-word essay and most recent report card.
Applications will not be accepted without these requirements.

Return application to:

Etwin Bowman

University at Albany, LI94S, 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

<table>
<thead>
<tr>
<th>Last</th>
<th>First</th>
<th>Middle</th>
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Date of Birth: _____________________   Sex:   Male_______   Female______

Home Address: ____________________________________________________________

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<tr>
<th>Number</th>
<th>Street</th>
<th>Apt. No.</th>
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City_________________________________   State________________________________   Zip__________________________

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

Ethnicity:    Black____   Hispanic_____   Native American______   Alaskan Indian____   *Asian_____   *White_____   Other ____________

Current term: Fall 20___ (year)   Spring 20___ (year)   Summer 20___ (year)

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

Fall 20___ (year)   Spring 20___ (year)   Summer 20___ (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: ________________________________________________

Parent EMAIL: __________________________________________________________

Parent/Guardian Address: ________________________________________________

City ____________________ State ______________ Zip ________________________

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.

_________________________________________________ Date

Parent/Guardian Signature
ESSAY

Please write a paragraph of no more than a 150 words explaining why you want to participate in the S.T.E.P. Summer Institute 2015.

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