Transportation will be provided from the following locations:

North Albany Academy  9:15 AM
Green Tech High Charter School  9:25 AM
Hackett Middle School  9:35 AM
Albany High  9:50 AM

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

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 : 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: ___________________________________________________________

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________________

4
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