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 interested 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

<table>
<thead>
<tr>
<th>Month</th>
<th>Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>September</td>
<td>17th 24th</td>
</tr>
<tr>
<td>October</td>
<td>1st 8th 15th 22nd 29th</td>
</tr>
<tr>
<td>November</td>
<td>5th 12th 19th</td>
</tr>
<tr>
<td>December</td>
<td>3rd 10th</td>
</tr>
</tbody>
</table>

**SNACKS WILL BE PROVIDED**

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

- North Albany Academy 9:00am
- Formerly Green Tech High 9:10am
- Currently KIPP Primary
- 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.

UAlbany 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:

**UAlbany 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*

**OR**

**STEP Interim Director Mayra E. Santiago** at msantiago1@albany.edu or *(518)442-5175*
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)

<table>
<thead>
<tr>
<th>Income Range</th>
<th>Above $21,590</th>
<th>$21,591 to $29,101</th>
<th>$29,102 to $36,612</th>
<th>$36,613 to $44,123</th>
<th>$44,124 to $51,634</th>
<th>$51,635 to $59,145</th>
<th>$59,146 to $66,656</th>
<th>$66,657 and over</th>
</tr>
</thead>
</table>

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: ________________________________

5
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