Summer College Prep Program

July 7\textsuperscript{th}, 2014 – July 25\textsuperscript{th}, 2014

11\textsuperscript{th} graders entering 12\textsuperscript{th} grade in the fall of 2014

Application Requirements

1. Student must complete STEP College Prep Summer Program application.
2. Student must write a \textit{required essay} explaining “discussing your expectations of the summer college prep program and why you want to go to college”. Essay must be typed-12 font-double spaced and cannot be more than 1 page.
3. Must have the recommendation form completed by guidance counselor/teacher
4. Must have unofficial high school transcript and any SAT/ACT scores submitted

Mail, Fax or E-Mail application by Friday, May 23\textsuperscript{rd}, 2014 to:

Etwin Bowman
University at Albany
STEP Program- L194S
1400 Washington Avenue
Albany, NY 12222
Email: Elbowman@albany.edu
Phone: 518-442-9083
Fax: 518-442-5419
Carefully read and complete the information below. Please print clearly.

1. STUDENT DATA

Name ____________________________________________

<table>
<thead>
<tr>
<th>Last</th>
<th>First</th>
<th>Middle</th>
</tr>
</thead>
</table>

Date of Birth: _____________________   Sex: Male_______   Female______

Home Address: ___________________________________________________________

<table>
<thead>
<tr>
<th>Number</th>
<th>Street</th>
<th>Apt. No.</th>
</tr>
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<table>
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<tr>
<th>City</th>
<th>State</th>
<th>Zip</th>
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Home Phone No: ___________________   Cell Phone No: ______________________

Ethnicity: Black_____   Hispanic_____   Native American_____   Alaskan Indian____   *Asian____   *White_____   Other ____________

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)

Current term:   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 2014: 7, 8, 9 10, 11, 12 (circle one)

Guidance Counselor: ________________________________________________________________

3. HOBBIES/ INTERESTS/ AWARDS: ________________________________________________

________________________________________________________________________
4. FAMILY INFORMATION

Parent/Guardian Name: _____________________________________________________

Parent/Guardian Address: ___________________________________________________

                      Street

                      City                      State                      Zip

Home Telephone:       (____) __________________

Work Telephone:       (____) __________________

*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 ___

Number of persons in your household _____ Do you qualify for free lunch/reduced lunch ___YES ___NO

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 me and the University at Albany.

Student’s Signature _________________________ Date ____________

6. EMERGENCY INFORMATION

Name: _______________________ School: ____________________________

Names of Parents/Guardians: ___________________________________________

Home Address: _______________________________________________________

Father's Business Address: __________________________

Mother's Business Address: __________________________

Home Phone: _______ Father’s Bus. # _______ Mother’s Bus#: _______

Indicate the times that your parents are at work:

Father_________________ Mother_________________

Name, address and phone number of person to be contacted should your parents be unavailable:

Name_________________ Phone_________________

Address__________________________________________
7. CERTIFICATION OF HEALTH

Note: This certificate is designed to provide the STEP Program staff with information concerning your child’s health and general welfare. If the applicant is selected for the summer program, the information will be used for the student’s safety and welfare while on the University at Albany campus.

HOSPITALIZATION INSURANCE

(Please Print Clearly)

Child’s Name: _____________________________ Age _______ Female _____ Male____

Child have coverage ___________ Child does not have coverage ___________

Name of Insurance Company: ________________________________

Policy identification: #________________________

Name of Physician __________________________________________

Address of Physician ____________________________ Telephone # _________

Does your child have a history of any of the following? If so, please provide an explanation in each case.

1. Heart Disease (Mitral Valve Prolapse, Murmur)? ______________________________

2. Lung Disease (Tuberculosis, Asthma)? ______________________________
   a. Does he/she use inhalers? __________________

3. Neurological (Epileptic Seizures, Migraine etc.)? ______________________________

4. Mental (Nervousness)? ______________________________

5. Has he/she ever passed out? ______________________________

6. Sinusitis? ______________________________

7. Hearing Loss? ______________________________

8. Anemia/Sickle Cell Disease or Trait? ______________________________

9. Diabetic? ______________________________

10. Rheumatic Fever? ______________________________

11. List any physical defects ______________________________

12. Please check restrictions related to sports.

   Running_____ Swimming__________ Other __________________
13. Check any injury or broken bones.

   Neck ___ Elbow ___ Back ___ Collar bone ___ Wrist ___ Pelvis ___ Ankle ___ Shoulder ___ Hand ___
   Arm ___ Ribs ___ Leg ___

14. Please list any injuries or conditions not included above. ________________________________

15. List any past surgeries or hospitalizations. ____________________________________________

16. List any length illness. _____________________________________________________________

17. List any visual problems ____________________________________________________________

*18. Is he/she on any medication(s) ______________________________________________________

   a. If so, please specify: _____________________________________________________________

19. List any allergies to food, plants, dust etc. _____________________________________________

20. Do you have any disabilities?  YES / NO

   If YES, please mark the appropriate choices:
   ______ Physical Disability ______ Learning Disability ______ Multiple Disabilities

*All medications must be accompanied by a signed letter from an attending physician explaining
   dosage and any instructions for Institute staff.

I certify that the above information is true and that the student named on this certificate is in good health
and able to take part in the Science & Technology Entry Program Summer Program activities at
University at Albany with the exceptions of the above stated restrictions. I understand that no physician
is available on the University at Albany campus during the summer. I give permission for limited
treatment for minor illnesses and/or injuries. I/we give my/our permission for my/our son/daughter to be
medically treated in the case of an emergency, illness or injury. In case of emergency, the student will
be referred to the nearest medical facility for care at the expense of the parent or under insurance
provided by the student’s insurance.

Signature of Parent/Guardian ___________________________ Date: __________

Signature of Primary Care Physician _________________________ Date: __________
8. Student permission to participate in STEP Summer College Prep Program & Photo Release Form

I hereby give permission for my child to participate in STEP Summer College Prep Program; I ensure that my child will follow all rules, policies and procedures as set forth by the STEP program and the University at Albany. Failure to comply will result in my child’s expulsion from the program. Also, 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.

Student’s Signature (Student 1)                            Date

Student’s Signature (Student 2)                            Date

Parent/Guardian Signature                                Date

9. PARENTAL RELEASE FORM

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, student transcript, 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
RECOMMENDATION FORM

University at Albany STEP Program College Prep Summer Program

(ALL fields are required, please print clearly or type)

Nominee Name __________________________________________   Sex (circle one):  M or F

Ethnic Group (circle all that apply): African American – Hispanic/Latino -Native American

Other __________

Home Address: ____________________________________________

Email Address: ____________________________________________

High School Name: ____________________Academic Average (should be 80% or higher): ____

Copy of high school transcript is required for consideration and should be faxed, mailed or emailed to
the contact information below.

Recommender Name & Title: __________________________________

Recommender Address: _______________________________________

Recommender Email: _________________________________________

Recommender Comments: Please provide a few words why you are recommending this student. Attach
additional pages if necessary.

___________________________________________________________________________________

___________________________________________________________________________________

___________________________________________________________________________________

Please submit completed form and transcript by Friday, May 2nd, 2014 to:

Etwin Bowman
University at Albany
STEP Program- LI94S
1400 Washington Avenue
Albany, NY 12222
Email: Elbowman@albany.edu
Phone: 518-442-9083   Fax: 518-442-5419
REQUIRED ESSAY

Directions:

Please write a short essay discussing your expectations of the summer college prep program and why you want to go to college?

*Essay must be typed-12 font-double space and cannot be more than 1 page.*

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