Career Exploration

JULY 7, 2014 – JULY 25, 2014

Orientation will be June 17 at 6:15 PM
Students will only 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

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>
</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>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip</th>
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</table>

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?

<table>
<thead>
<tr>
<th>Fall 20__</th>
<th>Spring 20__</th>
<th>Summer 20__</th>
</tr>
</thead>
<tbody>
<tr>
<td>(year)</td>
<td>(year)</td>
<td>(year)</td>
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</table>

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 _____________

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 the University of Albany and me.

Student’s Signature __________________________ Date _______________

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 ________________________________
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____________________
Student Photo 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.

_________________________________           _____________________________
Student’s Signature (Student 1)                   Date

_________________________________           _____________________________
Student’s Signature (Student 2)                   Date

__________________________________
Parent/Guardian Signature                      Date

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.

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, 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