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.
**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 Director Mayra E. Santiago at msantiago1@albany.edu or (518)442-5175
or
STEP Coordinator Meagan M. Lasky at mlasky@albany.edu or (518)442-5175
Carefully read and complete the information below.

1. STUDENT DATA

Name: ____________________________

Last          First          Middle

Student’s E-mail Address: ___________________________________________

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 ‘19-‘20

Student ID #: ___________________________ (New York State Student ID number - can be found on report card)

Guidance Counselor: ___________________________

3. STANDARDIZED TEST SCORES:

PSAT Scores:
Mathematics ______  Critical Reading ______  Writing ______

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: _________________________________________

Family’s Total Income [This information is required by and only for the STATE] (Check one)

0 to $22,311  $22,312 to $30,043  $30,044 to $37,776
$37,777 to $45,509  $45,510 to $53,242  $53,243 to $60,975
$60,976 to $68,709  $68,710 to $76,442

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: _______________________
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