The University at Albany STEP Summer Institute ACE Program enables exceptional rising seventh graders through tenth graders from historically underrepresented and/or economically disadvantaged backgrounds to participate in a three-week day program on the Uptown Campus of the University at Albany. Our ACE Program’s vision is to enhance students’ academic and career skills, and 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.
**ACE Program Eligibility**

Rising seventh graders through tenth graders students interested in a valuable academic and career exploration experience are encouraged to apply for this program. Applications will be selected based on GPA, STEM-related activities, and satisfactory essay.

The application deadline is **May 4th, 2018**. No applications will be accepted after that date. Selection of qualifying students who can participate in the ACE Program will be limited to 50. The ACE Program is funded by New York State Education Department (NYSED) and it is limited to U.S. citizens and permanent residents from historically underrepresented and economically disadvantaged backgrounds.

Read the following instructions **CAREFULLY**. The following three items must be submitted to complete the application process:

1. **A completed and signed APPLICATION PACKET** ready to be faxed (518-442-5419) or mailed to:
   
   **UAlbany STEP**
   
   EOP Complex
   
   1400 Washington Avenue
   
   LI 94
   
   Albany NY, 12222

2. **Your HIGH SCHOOL TRANSCRIPTS and SAT/ACT Scores (if available)** and your most recent report card from a full academic year and, if applicable, college transcripts ready to be included with the application. CORE Program Applicants must have a **2.0/75 GPA or above**.

3. **A short, typed, 12 font size, Times New Roman, double-spaced and limited to one page ESSAY** on the essay topic (150 words):

   *Discuss why you want to participate in the Summer ACE Program*

**Application Deadline:** All materials must be submitted by **Friday, May 4th, 2018**. Incomplete applications will not be submitted to the selection committee. Students selected for the program will be notified by late May.

**Questions?** If you have any questions regarding the submission of application and supplementary documentation, 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
Carefully read and complete the information below.

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 Fall 2018: 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. APPLICATION ESSAY  Please provide a typed 12-font, double-spaced, 1-inch margins, Times New Roman 150 words essay explaining why you would like to participate in the ACE Program.

Completed Application Essay?  Yes: _____  No: _____

6. Parent Release Form included with this application?  Yes: _____  No: _____

7. 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)

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: ________________________
**EMERGENCY INFORMATION**

Father's Work Address: ________________________________________________

Mother's Work Address: ________________________________________________

Home Phone: __________________ Father’s Work # __________________ Mother’s Work #: __________________

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

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