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 15th, 2019. 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 Wednesday, May 15th, 2019. 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, (518) 442-9083
   OR
   STEP 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