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 **June 14, 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 **Friday, June 14, 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 Meagan Lasky at MLasky@albany.edu (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 2019: ___________________________

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: ____________________________________________________
__________________________________________________________________________
__________________________________________________________________________
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: ____________________________________________ Telephone # __________________

Address of Physician: ________________________________________________________

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.

<table>
<thead>
<tr>
<th>Please Print Full Name of Student</th>
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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