The University at Albany STEP Summer Institute CORE Program enables exceptional rising Fall 2018 seniors from historically underrepresented and/or economically disadvantaged backgrounds to benefit from and participate in a residential or commuter experience on the Uptown Campus of the University at Albany. We will select students who are interested in the STEM fields and/or licensed professions. Our CORE Program’s vision is to enhance students’ academic and research skills, to prepare them for their upcoming high school senior year and their freshman year in college or university.
CORE Program Eligibility

Rising 12th-grade students interested in gaining valuable college preparation experience are encouraged to apply for this program. Applications will be selected based on GPA, STEM-related activities, satisfactory essay, and teacher recommendation form.

The application deadline is May 15, 2019. No applications will be accepted after that date. Selection of qualifying students who can participate in the CORE Program will be limited to 20. The CORE 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 2.5/80 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 (250-300 words):

   *Discuss your expectations for the Summer CORE Program and
   *What are your future goals and plans regarding your college education?

Application Deadline: All materials must be submitted by Wednesday, May 15, 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

Circle one preference: Commuter or Residential

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 250 to 300 words essay explaining your future goals and plans regarding your college education. 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 ___________________
8. CERTIFICATION OF HEALTH

Note: This certificate is designed to provide the STEP Program staff with information concerning your child's health and general welfare. If the applicant is selected for the summer program, the information will be used for the student's safety and welfare while on the University at Albany campus.

(Please Print Clearly)

Child's Name: __________________________ Policy identification: __________________________
Age ______ Female ______ Male ______
Child have coverage ______________________ Address of Physician: ______________________
Child does not have coverage ______________ Telephone #: ______________________
Name of Insurance Company: __________________________

Does your child have a history of any of the following? If so, please provide an explanation in each case.

<table>
<thead>
<tr>
<th>Health Concern</th>
<th>YES</th>
<th>NO</th>
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</thead>
<tbody>
<tr>
<td>Heart Disease (Mitral Valve Prolapse, Muralnur)</td>
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<tr>
<td>Neurological (Epileptic Seizures, Migraine etc.)</td>
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<tr>
<td>Mental (Nervousness)</td>
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<tr>
<td>Has he/she ever passed out?</td>
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<tr>
<td>Sinusitis</td>
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<tr>
<td>Hearing Loss</td>
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<tr>
<td>Anemia/Sickle Cell Disease or Trait</td>
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<tr>
<td>Diabetic</td>
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<tr>
<td>Rheumatic Fever</td>
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<tr>
<td>Lung Disease (Tuberculosis, Asthma)</td>
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<tr>
<td>*Currently taking any medication? Please list:</td>
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<tr>
<td>Allergic to any medication? Please list:</td>
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<tr>
<td>Physical Defects?</td>
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<tr>
<td>Visual Problem</td>
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<tr>
<td>Any allergies (food, dust, plants, etc.)</td>
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</tbody>
</table>

1. Please check restrictions related to sports.
   - Running ______ Swimming ________
   - Other ______________________

2. Please list any injuries or conditions not included above ______________________

3. List any past surgeries or hospitalizations: ________
   ________

4. List any length illness: ______________________

5. Check any injury or broken bones:
   - Ankle ______
   - Leg ______
   - Arm ______
   - Neck ______
   - Back ______
   - Pelvis ______
   - Collarbone ______
   - Shoulder ______
   - Elbow ______
   - Wrist ______
   - Hand ______

*All medications must be accompanied by a signed letter from an attending physician explaining dosage and any instructions for Institute staff.

I certify that the above information is true and that the student named on this certificate is in good health and able to take part in the Science & Technology Entry Program Summer Residential Program activities at University at Albany with the exceptions of the above stated restrictions. I understand that no physician is available on the University at Albany campus during the summer. I give permission for limited treatment for minor illnesses and/or injuries. I/we give my/our permission for my/our son/daughter to be medically treated in the case of an emergency, illness or injury. In case of emergency, the student will be referred to the nearest medical facility for care at the expense of the parent or under the student’s insurance.

Signature of Parent/Guardian __________________________ Date: ______________

Signature of Primary Care Physician __________________________ 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 ___

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
2019 SUMMER INSTITUTE
College Overview & Research Experience Program
RECOMMENDATION FORM
(ALL fields are required, please print clearly or type)

(To be completed by a Science, Math or Technology teacher who has taught you during your academic years.)

Student’s Name: ____________________________________________________________
Teacher’s Name: __________________________________________________________
Capacity in which you know this student: ______________________________________

Please compare this student to others that you have taught:

<table>
<thead>
<tr>
<th>CRITERIA</th>
<th>Excellent</th>
<th>Above Average</th>
<th>Average</th>
<th>Below Average</th>
<th>Poor</th>
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</thead>
<tbody>
<tr>
<td>Maturity</td>
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<tr>
<td>Positive interaction with peers</td>
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<tr>
<td>Curiosity</td>
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<tr>
<td>Ability to complete tasks</td>
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</tbody>
</table>

Student’s Strengths:

Student’s Weaknesses:

Additional Comments:

Teacher’s Signature: ___________________________ Date: __________________________

Please submit completed form and transcript by Wednesday, May 15th to:
University at Albany
Science & Technology Entry Program
EOP Complex (LI 94) 1400 Washington Avenue
Albany, New York 12222
Phone: 518-442-5175 Fax: 518-442-5419