The University at Albany STEP Summer Institute CORE Program enables exceptional rising Fall 2019 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 June 14, 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 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

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 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 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______ Name of Physician: ____________________________
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 (Mitrval Valve Prolapse, Murmur)</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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<td></td>
</tr>
<tr>
<td>Hearing Loss</td>
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<td></td>
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<tr>
<td>Anemia/Sickle Cell Disease or Trait</td>
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<td></td>
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<tr>
<td>Diabetic</td>
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<td></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?</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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</tr>
</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: __________________________________________

Parent EMAIL: ________________________________________________

Contact Numbers: (Work):__________________________ (Home):____________________ (Cell):____________________

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

<table>
<thead>
<tr>
<th>Income Range</th>
<th>Number of persons</th>
<th>Qualification</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 to $21,590</td>
<td></td>
<td></td>
</tr>
<tr>
<td>$21,591 to $29,101</td>
<td></td>
<td></td>
</tr>
<tr>
<td>$29,102 to $36,612</td>
<td></td>
<td></td>
</tr>
<tr>
<td>$36,613 to $44,123</td>
<td></td>
<td></td>
</tr>
<tr>
<td>$44,124 to $51,634</td>
<td></td>
<td></td>
</tr>
<tr>
<td>$51,635 to $59,145</td>
<td></td>
<td></td>
</tr>
<tr>
<td>$59,146 to $66,656</td>
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<td></td>
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<tr>
<td>$66,657 and over</td>
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</tbody>
</table>

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>
</tr>
</thead>
<tbody>
<tr>
<td>Maturity</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Positive interaction with peers</td>
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<tr>
<td>Curiosity</td>
<td></td>
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<tr>
<td>Ability to complete tasks</td>
<td></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 Friday, June 14th to:
University at Albany
Science & Technology Entry Program
EOP Complex (LI 94) 1400 Washington Avenue
Albany, New York 12222
Phone: 518-442-5191 Fax: 518-442-5419