The University at Albany STEP Academic Year Program enables exceptional rising 7th graders through 12th graders from historically underrepresented and/or economically disadvantaged backgrounds to participate in our academic enrichment program. Our program’s vision is to enhance students’ academic and career skills to 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.
September 2017- May 2018
Schedule

The University at Albany
Uptown Campus
Education Room 123

Specific Saturdays from 10:00 AM to 1:00PM

FALL 2017

September 16th 23rd 30th
October 7th 14th 21st
November 4th 11th 18th
December 2nd 9th

SNACKS WILL BE PROVIDED

Transportation will be provided.
A Durham school bus would leave:

North Albany Academy 8:45am
Formerly Green Tech High 8:55am
Currently KIPP Primary
Hackett Middle 9:05am
Albany High 9:25am
**Academic Year Eligibility**

7th through 12th grade students interested in the STEM fields and licensed are encouraged to apply for this program. Applications will be selected based on GPA and STEM-related activities.

UAlbany STEP is funded by New York State Education Department (NYSED) and provide services to U.S. citizens and permanent residents from historically underrepresented and economically disadvantaged backgrounds.

In order to participate, you must submit a completed and signed APPLICATION that can be faxed (518-442-5419) or mailed to:

**UAlbany STEP**
EOP Complex
1400 Washington Avenue
LI 94
Albany NY, 12222

**Questions?** If you have any questions regarding the submission of the application, please contact:

**STEP Program Coordinator, Ms. Etwin Bowman at elbowman@albany.edu or (518) 442-9083**  
**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

Student’s E-mail Address: ___________________________________________

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 Academic Year ‘17-‘18: 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:

PSAT Scores:

Mathematics________          Critical Reading________          Writing________

SAT Scores:

Mathematics________          Critical Reading________          Writing________

ACT Scores:

English________          Mathematics________          Reading________          Science____

4. HOBBIES/ INTERESTS/ AWARDS:

__________________________________________________________

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

6. 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: ____________________________
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