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.
Academic Year Eligibility

7\textsuperscript{th} through 12\textsuperscript{th} 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 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 ‘18-‘19:________________

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 $22,311   $22,312 to $30,043   $30,044 to $37,776
$37,777 to $45,509   $45,510 to $53,242   $53,243 to $60,975
$60,976 to $68,709   $68,710 to $76,442

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