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 2, 2017**. 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 2, 2017**. 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, Ms. Etwin Bowman at ELBowman@albany.edu or (518) 442-9083

   OR

   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

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 2017: 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 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: ____________________________ 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)

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

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: _______________________________ Phone # ______________________

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
ewspapers, 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