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*The Science and Technology Entry Program (STEP) is a New York State Education Department funded program to increase the access and preparation of underrepresented students in grades 7-12 who are interested in STEM (Science, Technology, Engineering and Math) or licensed professions. Students in STEP can participate in enrichment activities including experiential learning based Saturday and Summer Academies, research at Farmingdale State College or in partner schools, college tours and visits, SAT and ACT preparation classes, tutoring and STEM trips.*

*To qualify for STEP, students need to:*

*Please feel free to direct any questions to:*

*Risa Stein*

*Director – STEP/CSTEP/LSAMP*

*Steinr@Farmingdale.edu*

*(631) 794-6427*

*- Be a New York State resident for the past 12 months*

*- Have a minimum GPA of 80 or “B” or show ability to benefit from STEM enrichment classes and activities*

*- Be Black/African American, Hispanic/Latino/a, Native American/Alaskan Native*

***OR***

*- Be of any ethnic background and demonstrate economic qualifications through eligibility for free or reduced lunch*

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**SCIENCE AND TECHNOLOGY ENTRY PROGRAM (STEP) APPLICATION**

**All fields *MUST* be completed**

**Student Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Place of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_\_\_\_ Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Home Telephone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student Cell #, if applicable\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*\*Email Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender M F**

**Current Grade\_\_\_\_\_\_\_\_\_\_\_\_\_ Are you a NY State Resident? Yes No**

**Are you a U.S. Citizen or Permanent Resident Yes No**

**ETHNICITY (Check all that apply):**

**Asian/Pacific Islander Hispanic/Latino/Latina**

**Black/African/African-American Native American/Alaskan Native**

**White/Caucasian \*\* If Native American – Tribe\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ECONOMICALLY DISADVANTAGED   
Is student applying under economically disadvantaged guidelines? Yes No**

***Must* provide verification of free/reduced lunch status along with application.**

**FAMILY DATA:**

**Parent/Guardian Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address (if different from student’s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_\_\_ Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Home phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Alt. # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I would like to join the STEP Parent Leaders in supporting and planning for the program**

**Parent Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SCHOOL INFORMATION:**

**Name of School and District:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_\_ Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**School Counselor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Current GPA\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Anticipated High School Graduation Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***A COPY OF THE STUDENT’S IMMUNIZATION AND REPORT CARD FOR THE PREVIOUS YEAR***

***MUST ACCOMPANY THIS APPLICATION.***

***STUDENT REPORT CARDS WILL BE KEPT ON FILE FOR ALL STUDENTS ACTIVE IN STEP.***

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| **I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, agree to participate in the Science and Technology Entry**  **Program (STEP) at Farmingdale State College. As a participant, I will attend activities as scheduled and I will be on time for all activities. I understand that my signature on this document constitutes an agreement between me and SUNY Farmingdale.**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  ***Student Signature Date*** |

|  |
| --- |
| **I (we) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ give permission for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  ***Name of parent/guardian Name of Student***  **to participate in the Science and Technology Entry Program at Farmingdale State College. I give permission for my school district(s) to release my child’s report cards to Farmingdale State College STEP Program, as requested. I (we) authorize SUNY Farmingdale to obtain and review school records of the above named student and understand that all information will be kept confidential.**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Parent/Guardian Signature Date**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Parent/Guardian Signature Date** |

**TO BE COMPLETED BY SCHOOL COORDINATOR/COUNSELOR**

**MOST RECENT ELA ASSESSMENT SCORE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**MOST RECENT SCIENCE ASSESSMENT SCORE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**MOST RECENT MATH ASSESSMENT SCORE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SAT VERBAL\_\_\_\_\_\_\_ SAT MATH\_\_\_\_\_\_\_ PSAT VERBAL\_\_\_\_\_\_\_ PSAT MATH\_\_\_\_\_\_\_ ACT\_\_\_\_\_\_\_**

**1) Date of entry into program\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of re-entry\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**2) Academic average at entry: Math\_\_\_\_\_\_\_ Science\_\_\_\_\_\_\_\_**

**3) End of Year Average: Math\_\_\_\_\_\_\_ Science\_\_\_\_\_\_\_\_**

**4) Class rank (12th graders)\_\_\_\_\_\_\_\_ 5) Date of HS Graduation\_\_\_\_\_\_\_\_\_\_\_ 6) Type of Diploma\_\_\_\_\_\_\_**

**7) Please list any Honors/AP classes and exams taken\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**8) Student qualifies for free/reduced lunch (if applicable)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**PHOTO RELEASE FORM**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hereby give permission for my son’s/daughter’s name and photograph (whether still or motion) to be used for recognition of their participation in the Science and Technology Entry Program, and for public relations pertaining to the program.

Student’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature Date