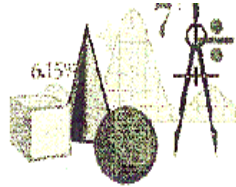




UNIVERSITY AT ALBANY

State University of New York



September 10, 2012 – June 30, 2013

Students will only be eligible for the program with average of 70 percent

7th grade through 12th grade

Transportation will be provided from the following locations:

North Albany Academy	9:00 AM
Green Tech High Charter School	9:15 AM
Hackett Middle School	9:35 AM
Albany High School	9:50 AM

Return application to:

Etwin Bowman

University at Albany, LI94S

1400 Washington Avenue

Albany, NY 12222



Carefully read and complete the information below.

1. STUDENT DATA

Name _____

Last

First

Middle

Date of Birth _____ Sex: Male _____ Female _____

Home Address: _____

Number

Street

Apt. No.

City

State

Zip

Home Phone Number: _____ Cellular/Page # _____

Ethnicity: Black _____ Hispanic _____ Native American _____

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____ (year) Spring 20____ (year) Summer 20____ (year)

If this is not your first term in STEP, when did you enter the program for the first time?

Fall 20____ (year) Spring 20____ (year) Summer 20____ (year)

What school were you attending at that time? _____

Are you a resident of New York State? Yes _____ No _____

2. EDUCATIONAL INFORMATION

School Name: _____ **Grade level:** 7, 8, 9 10, 11, 12 (**circle one**)

Guidance Counselor: _____

Home Room _____ Home-Room Teacher _____

3. HOBBIES/ INTERESTS/ AWARDS: _____

4. FAMILY INFORMATION

Parent/Guardian Name: _____

Parent/Guardian Address: _____

Street

City

State

Zip

Home Telephone: (____) _____

Work Telephone: (____) _____

Family's total Income [**This information is required by and only for the STATE**]

0 to 9,999 ___ 10,000 to 19,999 ___ 20,000 to 29,999 ___ 30,000 to 39,999 ___

40,000 to 49,999 ___ 50,000 to 59,999 ___ 60,000 to 69,999 ___ 70,000 and over ___

5. STUDENT COMMITMENT

I understand that continued participation in STEP requires a commitment that I attend the program sessions **regularly and on time**. * Students agree to accept tutoring upon recommendation of STEP staff, cooperate with instructors, tutors and administrative staff, and participate in field trips, seminars and other events. Students are expected to present themselves as future professionals at all times, this include speech, attitude and behavior.

- Students who expect to be late or absent for any activity are required to let their instructor know or call the STEP Program at 442-9083
- Students are allowed two unexcused absences per marking period--NO MORE, NO EXCEPTIONS. Anyone who is absent more than twice will be notified of possible removal from the program.

Student's Signature _____

Date _____

Parent's Signature _____

Date _____

I, **(Student's Name)**, agree to participate in the Science and Technology Entry

Program (STEP) at the University of Albany. 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 the University of Albany.

Student's Signature _____ **Date** _____

I(we)_____ (parents) give permission for
_____ (Name of student) to participate in the Science and
Technology Entry Program (STEP) at _____ (Name of Institution)

I (we) authorize The Science and Technology Entry Program (STEP) at The University of Albany to obtain and review school records. I (we) understand that all information will be kept confidential.

Parent/guardian Signature **Date**

Parent/guardian Signature **Date**

Middle level Language Arts assessment performance _____ Middle level
Science _____

Middle level Mathematics assessment performance _____

SAT verbal _____ SAT math _____ PSAT verbal _____ PSAT math _____
ACT _____

Achievement Tests: 1. _____ 2. _____
3. _____

1. Date of first entry into program: _____ Date of Reentry: _____

2. At time of entry into program: Math average _____ Science average _____ School average

3. At end of program year: Math average _____ Science average _____ School average

4. Class rank (12th grade/graduates): _____

5. Date of High School graduation: _____



EMERGENCY INFORMATION

Name: _____ School: _____

Names of Parents/Guardians: _____

Home Address: _____

Father's Business Address: _____

Mother's Business Address: _____

Home Phone: _____ Father's Bus. # _____ Mother's Bus#: _____

Indicate the times that your parents are at work:

Father _____ Mother _____

Name, address and phone number of person to be contacted should your parents be unavailable:

Name _____ Phone _____

Address _____



Student Photo 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 child/children

Please Print Full Name of Student 1

Please Print Full Name of Student 2

Photographs (*whether still, motion or television*) for publicity regarding this program.

Student's Signature (Student 1)

Date

Student's Signature (Student 2)

Date

Parent/Guardian Signature

Date

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.



PARENTAL RELEASE FORM

As the Parent/guardian of _____
Student's Name

residing at _____
Address

I 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.

Parent/guardian Signature

Date

RETURN COMPLETED APPLICATION FORMS AS SOON AS POSSIBLE:

Etwin Bowman
University at Albany, LI94S
1400 Washington Avenue
Albany, NY 12222
Telephone 442-9083
Fax 442-5419