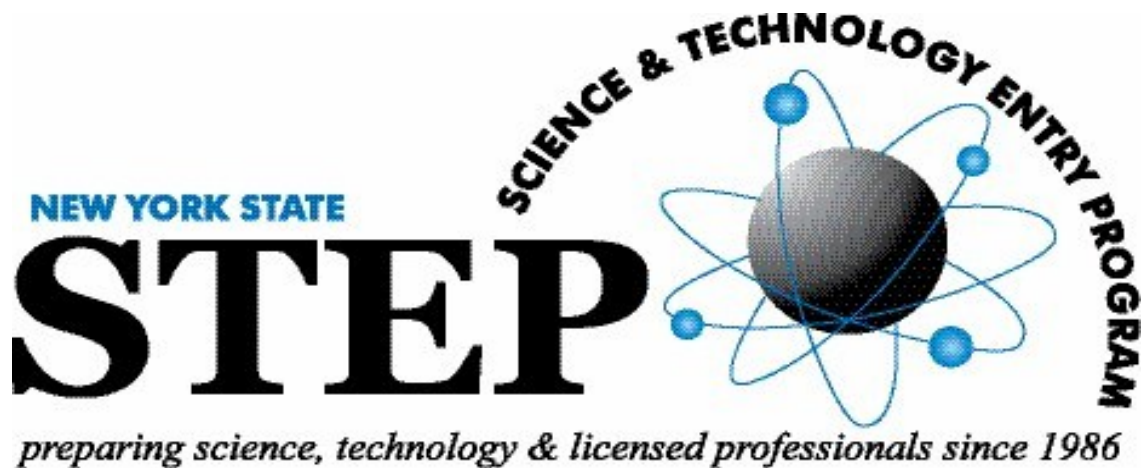




Science & Technology Entry Program STUDENT APPLICATION FORM



2012-2013

Return to: Kawanda Rembert
Mercy College– Main Hall Rm 212
COP/STEP
555 Broadway
Dobbs Ferry, New York 10522
Phone: (914) 674-7209
Fax: (914) 674-7274
email: krembert@mercy.edu

STEP Student Application

Please specify term

DATE _____

SUMMER ___ FALL ___

A. STUDENT'S NAME _____
LAST, FIRST INITIAL

B. ADDRESS _____
NO. & STREET CITY STATE ZIP CODE

C. HOME TELEPHONE # _____ D. CELL PHONE _____

E. DATE OF BIRTH _____ F. SEX: MALE ___ FEMALE ___

G. NEW YORK RESIDENT: YES ___ NO ___ H. U.S. CITIZEN: YES ___ NO ___

I. IF NOT A U.S. CITIZEN: 1. COUNTRY OF CITIZENSHIP _____

2. DATE OF U.S. ENTRY _____ 3. PERMANENT RESIDENT YES ___ NO ___

4. ALIEN REGISTRATION # _____

J. ETHNIC/RACIAL BACKGROUND: AFRICAN-AMERICAN ___ ASIAN ___
HISPANIC/LATINO ___ NATIVE AMERICAN INDIAN ___ ALASKAN NATIVE ___
WHITE ___ OTHER (SPECIFY) _____

K. 1. SCHOOL _____
NAME OF SCHOOL

2. _____
STREET ADDRESS CITY STATE ZIP CODE

3. SCHOOL TELEPHONE # _____ 4. CURRENT GRADE LEVEL _____
(as of September 2012)

L. 1. PARENT/GUARDIAN _____

2. ADDRESS _____
NO. & STREET CITY STATE ZIP CODE

WORKING E-MAIL ADDRESS (parent) _____

3. OCCUPATION(S) _____ 4. WORK PHONE # _____

5. FAMILY INCOME(S) _____ 6. # OF HOUSEHOLD MEMBERS _____

NOTE: THIS IS A STATE FUNDED PROGRAM. ALL QUESTIONS MUST BE ANSWERED IN THEIR ENTIRETY IN ACCORDANCE WITH NEW YORK STATE REGULATIONS.

I, _____, agree to participate in the Science and Technology
Name of Student
Entry Program (STEP) at Mercy College. As a participant, I will attend all scheduled activities.
I understand that my signature on this document constitutes an agreement between
myself and the Mercy College Science and Technology Entry Program.

Students' Signature

Date

I,(We) _____ give permission for _____
Name of Parent (s) /Guardian (s) Name of Student
to participate in the Mercy College Science and Technology Entry Program (STEP).

I (we) authorize the release of my (our) son's/daughter's academic information and photo relevant to his/her participation in the program. All information requested must be accurate and complete in accordance with Federal and State regulations. All information will be kept confidential.

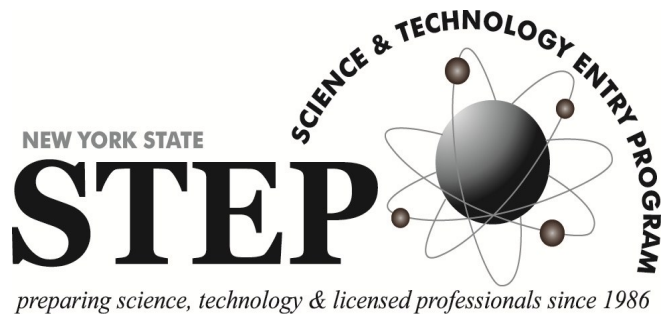
Parent's/Guardian's Signature

Date

I, _____, agree to fulfill my **parental responsibility** by
Name of Parent (s) / Guardian (s)
attending all regularly scheduled parent meetings and scheduled Parent/Student activities of the STEP
program. **Registration of my child(ren) in Mercy STEP includes automatic family membership in STEPAC (Science and Technology Entry program Parent Advisory Committee), with annual dues of \$50 per family.** I understand that my signature on this document constitutes an agreement between myself and the Mercy College Science and Technology Entry Program.

Parent's /Guardian's Signature

Date



Student Photo Release Form

Mercy College and New York State Education Department
SCIENCE & TECHNOLOGY ENTRY PROGRAM (STEP)

I hereby give permission to the Mercy STEP program, its agents, successor, assigns and/or newspapers, radio or television to use my child

Print Full Name of Student

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

Student's Signature

Parent/Guardian Signature

Date

Please complete and return with application. Make additional copies as needed!

**Science and Technology Entry Program
Health Form and Medical Release**

Student's Name _____

Telephone Number _____

The following information will be helpful in the event of an emergency when your child is attending a STEP field trip or other STEP activity. Please answer the following questions.

1. Is your child currently on medication? Yes _____ No _____

If so, what type? _____

2. Does your child have any allergies? Yes _____ No _____

If so, what are they? _____

3. Does your child have any medical or physical problem we should be aware of?

Yes _____ No _____ If yes, please explain _____

4. Additional comments: _____

Doctor's Name and Phone # _____

____(____)_____-____-____

Name and Phone # of _____

Friend or Relative _____

____(____)_____-____-____

Medical Release

I hereby give permission to STEP personnel to provide my child with any necessary medical treatment required during the course of any STEP field trip or other STEP activity.

Parent/Guardian Signature _____

Date _____

Letter of Recommendation for
Science & Technology Entry Program Applicant
(Must be from your Science or Math Teacher)

Kindly send Recommendation Letter to:
Kawanda Rembert
Mercy College/STEP
555 Broadway
Dobbs Ferry, New York 10522

**FOR OFFICE USE ONLY:
STEP STUDENT DATA**

Student Name: _____

Address: _____

Social Security Number: _____ Ethnicity: _____ M/F _____

Name of Middle or Grade School: _____ Address: _____

Middle level Language Arts assessment performance: _____

Middle level Mathematics assessment performance: _____

Middle level Science assessment performance: _____

Middle level Social Science assessment performance: _____

Name of high school: _____ Address: _____

1. Date of first entry into program: _____

2. At time of entry into program :

Math average: _____ Science Average: _____ School Average: _____

3. Date of Leaving the STEP program: _____

Math average: _____ Science Average: _____ School Average: _____

PSAT score: V _____ M _____ SAT score : V _____ M _____

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

5. Date of high school graduation: _____

6. College Admission offer(s):

1. _____ 2. _____ 3. _____

4. _____ 5. _____ 6. _____

College enrolled in: Fall 20____ at _____

CSTEP _____ SELECTED MAJOR: _____

7. Reason for leaving: graduation _____

Other, explain _____

8. Is there any family member attending or who may have graduated from Mercy College? If so, please give name and relationship to you below.

Name: _____ Relationship to STEP student: _____

Undergraduate Degree: _____ Graduate Degree: _____ Date: _____