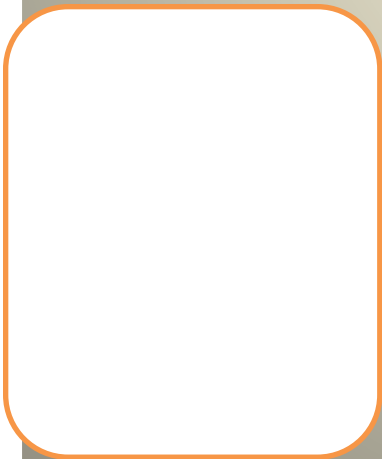




# ALBANY MEDICAL COLLEGE SCIENCE AND TECHNOLOGY ENTRY PROGRAM

## Application Form

A New York State Education Department funded program



*Place current student full  
head shot here. Feel free to  
use cell phone.*

Marva Richards MPH  
Albany Medical College





Albany  
Medical  
College

### Science and Technology Entry Program

NYS Education Department RFP For Period 2020-2025

All information provided in this application is confidential under the Family Educational Rights and Privacy Act.

Today's Date: \_\_\_\_\_ Grade you will enter in September: \_\_\_\_\_

Print Name: \_\_\_\_\_  
First Middle Last

Home Address: \_\_\_\_\_  
House No. / Street Name / Apt. No. City, State, Zip

E-mail Address: \_\_\_\_\_

Home Phone No: \_\_\_\_\_ Cell Phone No.: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

NY State Resident:  Yes  No Place of Birth: \_\_\_\_\_  
City/Town/Country

U.S. Citizen  Yes  No

Ethnicity<sup>1</sup>: (Check One)

<input type="checkbox"/> African-American/African Descended*	<input type="checkbox"/> Hispanic/ Chicano/Latino (specify)
<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Other (please specify)**

\*Includes students from Africa and the Caribbean.

\*\*If you checked "other", please refer to **Appendix Guidelines for Student Eligibility** to determine if you are economically disadvantaged. **If you are not an under-represented minority and do not provide financial documentation as required by New York State, your application will not be accepted.**

<sup>1</sup> For the purpose of STEP, minorities historically underrepresented in the scientific, technical, health related and licensed professions include residents of New York who are Black or African American, American Indian, Alaska Native, or Hispanic/Latino.

**ACADEMIC DATA**

**(All applicants must submit their most recent report card or transcript with this application)**

School you will be attending in September: \_\_\_\_\_

School Address: \_\_\_\_\_

Academic Counselor: \_\_\_\_\_ Phone #: \_\_\_\_\_

Class Rank (**seniors only**) \_\_\_\_\_ Expected Date of Graduation: \_\_\_\_\_

**STANDARDIZED TEST SCORES** (Please answer all that apply) **Write N/Y/T for any tests “NOT YET TAKEN”**

PSAT Verbal \_\_\_\_\_ PSAT Math \_\_\_\_\_ Date taken \_\_\_\_\_

SAT I VERBAL \_\_\_\_\_ SAT I MATH \_\_\_\_\_ Date/s taken \_\_\_\_\_

REG. MATH \_\_\_\_\_ REG. SCI \_\_\_\_\_ Date/s taken \_\_\_\_\_  
(Name Course) (Name Course)

SAT II: (Subject Name) \_\_\_\_\_ (Score) \_\_\_\_\_ Date Taken \_\_\_\_\_

SAT II: (Subject Name) \_\_\_\_\_ (Score) \_\_\_\_\_ Date Taken \_\_\_\_\_

SAT II: (Subject Name) \_\_\_\_\_ (Score) \_\_\_\_\_ Date Taken \_\_\_\_\_

**GRADES FOR LAST MARKING PERIOD of 2022**

1. **Math GPA** \_\_\_\_\_ **Science GPA** \_\_\_\_\_ **Current Overall GPA** \_\_\_\_\_

(Grade report **MUST** verify)

2. Will you be in a Regents curriculum in 2022-2023? { } Yes { } No

**WHAT MATH AND SCIENCE COURSES ARE YOU TAKING IN THE FALL?** (Please provide course number/name used in your school and whether Non Regent (**NR**); Regent (**R**); or Advance Placement (**AP**) course.

Algebra \_\_\_\_\_ Geometry \_\_\_\_\_ Pre-Calc \_\_\_\_\_ Calculus \_\_\_\_\_

Trigonometry \_\_\_\_\_ Other Math (name) \_\_\_\_\_ (NR or R) \_\_\_\_\_

Biology \_\_\_\_\_ Chemistry \_\_\_\_\_ Physics \_\_\_\_\_ Other Science (name) \_\_\_\_\_

Please list **awards** received so far in high school:

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Please list **extracurricular activities** (school, community, church, involvement in other programs):

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What are your career interests?

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**FAMILY DATA** Student Resides With  Mother and Father  Mother  Father  Other

**Mother/Guardian:** First & Last Name \_\_\_\_\_ Home Phone No. \_\_\_\_\_

Home Address \_\_\_\_\_  
House No./Street/Apt. No., City, State, Zip

Email Address \_\_\_\_\_ Work Phone No. \_\_\_\_\_

**Father/Guardian:** First & Last Name \_\_\_\_\_ Home Phone No. \_\_\_\_\_

Home Address \_\_\_\_\_  
House No./Street/Apt. No., City, State, Zip

Email Address \_\_\_\_\_ Work Phone No. \_\_\_\_\_

**ONLY** If you checked **“Other”** under *Ethnicity* (Page 1) you must provide household income.

**HOUSEHOLD INCOME** (Annual): \$ \_\_\_\_\_ Total No. of persons in Household \_\_\_\_\_

Source of Income:  Employment  Unemployment  Social Services

Social Security  Other \_\_\_\_\_

Person to **Contact in Case of Emergency** \_\_\_\_\_

Relationship \_\_\_\_\_ Email Address \_\_\_\_\_

**Home Phone No.** \_\_\_\_\_ **Cell Phone / Work No.** \_\_\_\_\_

PLEASE CHECK YOUR APPLICATION FOR COMPLETENESS

**Checklist of items to accompany this application**

- Personal Essay (See below for Essay Topic)
- Letter(s) of Recommendation from math or science teacher
- Student & Parent Agreement
- Release of Academic information
- Proof of Economic Eligibility ONLY if you checked “Other” under race/ethnicity(See page 5)
- Medical history information

**Return application and supporting documents to:**

**Albany Medical College  
STEP Coordinator  
Office of Community Outreach and Medical Education MC 34  
47 New Scotland Ave., ME 711  
Albany, NY 12208**

**Essay Topic**

*(Please Type. Number your pages, and add your full name to the top right corner of each page).*

Please write about:

- (a) A contribution you would like to make to the fields of science or technology, or
- (b) What problem you would like to solve now or in the future.

**ONLY FOR STUDENTS WHO ARE NOT AFRICAN-DESCENDED OR LATINO OR  
NATIVE AMERICAN**

**APPENDIX  
GUIDELINES FOR ELIGIBILITY**

The Science and Technology Entry Program was instituted in 1985 through NYS legislation designed for students attending secondary school (grades 7-12) in New York State who are either minorities historically underrepresented in the scientific, technical, health related and licensed professions, or economically disadvantaged as defined below. **For the purpose of STEP, minorities historically underrepresented in the scientific, technical, health related and licensed professions include residents of New York State who are African American, or African descended, Native or Indigenous American/ Alaska Native or Hispanic. If you are economically disadvantaged, you may be eligible for STEP. Please refer to the guidelines below and provide the required documentation.**

For the purpose of STEP, a student is considered a New York State resident if he or she resides in New York State and has lived in New York State for the last two terms of school prior to entry into the STEP Program, or has resided in New York State for at least 12 months immediately preceding the first term for which he or she is seeking participation in the STEP Program.

The economic eligibility standards set forth in this Appendix apply only at the time of application to the Science and Technology Entry Program. Once admitted, a participant may continue to receive services, even if the family income rises above the current eligibility standards.

**1. Economic Eligibility Criteria for First-Time Students**

A student is considered economically disadvantaged if he or she is a member of:

- a household supported by one parent if dependent, by the student or by a spouse if independent, whose total annual income is not more than the applicable amount listed in the table below; **or**
- a household supported solely by one member thereof who works for two or more employers with a total annual income which does not exceed the applicable amount set forth in the following table by more than **\$1,800; or**
- a household supported by more than one **worker** (parents if dependent, student and spouse if independent) in which the total annual income does not exceed the applicable amount listed in the table below by more than **\$4,800; or**
- a household supported by one **worker** (parent if dependent, student if independent) who is the sole support of a one-parent family in which the total annual income does not exceed the applicable amount listed in the table below by more than **\$4,800.**

The number of members of a household shall be determined by ascertaining the number of individuals living in the student's residence who are economically dependent on the income supporting the student. For students first entering the Program between July 1, 2009 and June 30, 2010:

Number of members in household (including head of household)	Total annual income in preceding calendar year
1	\$16,060
2	\$21,630
3	\$27,210
4	\$32,790
5	\$38,360
6	\$43,960
7 or more	\$49,500 plus \$5,570 for each family member in excess of 7

## 2. Exceptions

Reference to the household income scale need not be made if the student falls into one of the following categories and documentation is available:

- a. The student's family is the recipient of (1) Family Assistance Program Aid, or (2) Safety Net Assistance through the New York State Office of Temporary and Disability Assistance, or a county Department of Social Services, or (3) family day care payments through the New York State Office of Children and Family Services Assistance, or a county Department of Social Services.
- b. The student is a ward of the State or a county.

## 3. Documentation

Please provide **only one** of the following documents.

The following shall be acceptable documentation of economic eligibility:

- a. Documentation of all income, earned dividends and interest: a signed copy of appropriate year's tax return (IRS Forms 1040, 1040A, 1040EZ, or 4506).
- b. Documentation of a sole worker's income from two or more employers: W2's for the appropriate year or similar documentation acceptable to the Commissioner.
- c. Documentation of no income: a copy of IRS Form 4506 which has been filed by the student or family with the Internal Revenue Service or a copy of IRS Letter 1722 indicating that the student or parent did not file a return.
- d. Documentation of pension, annuity, or unemployment benefits: letter from the applicable agency showing appropriate year's total award (if not reported on IRS Forms 1040, 1040A, 1040EZ or 1099).
- e. Documentation of Social Security, Supplemental Security Income, or Veterans Administration non-educational benefits: a letter from the applicable agency showing applicable year's total award for **each** member of the household, including Medicare premiums or IRS Form 1099 for each member of the household.
- f. Documentation of Social Services payments: verification from a branch of the State Office of Temporary and Disability Assistance, Office of Children and Family Services Assistance, or a county department of Social Services showing year that benefits were received and names of recipients including the applicant.
- g. Documentation of child support and/or alimony: a court order, affidavit.
- h. Documentation of additional members in household: birth certificates, marriage certificates, third-party verification, or similar documentation acceptable to the Commissioner, along with proof of income or lack of income for each such member.



# Albany Medical College

## SCIENCE AND TECHNOLOGY ENTRY PROGRAM RELEASE FORM

### 1. GRADES/TRANSCRIPTS

### 2. PHOTO

#### One

I \_\_\_\_\_ (student name), a participant in the Science and Technology Entry Program, agree to the release of my grades and transcript to the program for the purpose of providing academic services and for academic assessment and program evaluation.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Parent Signature

#### Two

I also agree to the release of photographic images taken at STEP activities to be used for STEP program promotion.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Parent Signature

ALBANY MEDICAL COLLEGE  
**STEP**

### STUDENT GENERAL AGREEMENT

I, (Student's Name) \_\_\_\_\_ agree to participate in the Science Technology Entry Program (STEP) at Albany Medical College activities as scheduled, and will diligently try to be present and on time for all activities. I understand that my signature on this document constitutes an agreement between me and Albany Medical College.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date



**STEP PARENT GENERAL PERMISSION**

I, \_\_\_\_\_ give permission for \_\_\_\_\_  
 (Name of Parent or Guardian) (Name of Student)

to participate in the Science Technology Entry Program (STEP) at Albany Medical College and attend all program activities and events including travel to and from activities off campus.

\_\_\_\_\_  
 Parent/Guardian Signature

\_\_\_\_\_  
 Date

**NOTE:** Continuous non-participation in STEP activities will result in a student's removal from the program. To obtain an excused absence, the coordinator of the program must be notified of the student's inability to attend an activity, by the parents/guardians, at least 24 hours before the activity. Parents/guardians will be notified, in writing, before their child's name is removed from the roster.

PLEASE NOTE THAT THESE RULES WILL BE STRICTLY ENFORCED.

**Emergency Medical Information**

*In order to be prepared for any medical emergency that may occur during STEP hours we require the following information.*

*Please be as thorough and accurate as possible. This information will be protected under the HIPPA laws that apply to this institution.*

<b>Emergency Information Record</b>	Last Name		First Name		Date of Birth
	Parent/Guardian Name		Home Phone	Student's Cell Phone	
Home Street Address			City	State	Zip Code
Alternate Home Address				Phone at this address	
Mother's Business Phone	Mother's Cell Phone	Father's Business Phone	Father's Cell Phone		
<b>In case of emergency and parent is not available contact:</b>					
Name _____		Address _____			
Phone _____					

**STUDENT MEDICAL INFORMATION FOR USE IN CASE OF MEDICAL EMERGENCY**



<b>Name of Student's Physician</b>	<b>Phone</b>
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<b>Name of Student's Dentist</b>	<b>Phone</b>
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**Hospital where student should be taken if parent or physician is unavailable**

**Allergies and other medical conditions: (Please give details of checked items below, or if necessary use other side of the page.)**

Allergies       Asthma       Epilepsy       Diabetes       Other Chronic illness

Heart problems       Autism       Learning Difference       Recurring Illness(Please name)

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<p><b>Parent:</b></p> <p><i>Please use the back of this page for additional comments.</i></p>	<p><b>In case of an accident or serious illness, I request the AMC STEP to contact me. If the program's officers are unable to reach me, I hereby authorize the program to call the physician indicated and to follow his/her instructions. If it is impossible to contact this physician in a timely manner, the program's officers may make whatever emergency arrangements seem necessary.</b></p> <p><b>Parent Signature:</b> _____</p> <p><b>Date:</b> _____</p>
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