

## **Nyack College STEP Student Application**

Date: \_\_\_\_\_

**Please specify term:**

Summer \_\_\_\_\_ Fall \_\_\_\_\_ Spring \_\_\_\_\_

Student's Name: \_\_\_\_\_  
Last First Middle

Home Address: \_\_\_\_\_  
No. & Street Apt. Number  
\_\_\_\_\_  
City State Zip Code

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security No.: \_\_\_\_\_  
**(Applications will NOT be processed without SSN)**

Sex: Male: \_\_\_\_\_ Female: \_\_\_\_\_

New York Resident: Yes \_\_\_\_\_ No: \_\_\_\_\_ U.S. Citizen: Yes: \_\_\_\_\_ No: \_\_\_\_\_

If not a U.S. Citizen, list the:

1. Country of Citizenship: \_\_\_\_\_
2. Date of U.S. Entry: \_\_\_\_\_
3. Permanent Resident: Yes: \_\_\_\_\_ No: \_\_\_\_\_
4. Alien Registration No.: \_\_\_\_\_

Ethical/Racial background: African-American/Black: \_\_\_\_\_ Asian: \_\_\_\_\_  
Hispanic/Latino: \_\_\_\_\_ Native-American Indian: \_\_\_\_\_  
White: \_\_\_\_\_ Other: \_\_\_\_\_

Current School: \_\_\_\_\_  
Name of school

School Address: \_\_\_\_\_  
Street City State Zip

School Telephone No: \_\_\_\_\_ Grade Level: \_\_\_\_\_ **(as of September 2016)**

**Nyack College STEP Student Application**

**\*ALL INFORMATION IS REQUIRED\***

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

Working email address (parent): \_\_\_\_\_

Working email address (student): \_\_\_\_\_

Parent(s) Occupation: \_\_\_\_\_ Work No.: \_\_\_\_\_

Parent(s) Occupation: \_\_\_\_\_ Work No.: \_\_\_\_\_

Family Incomes(s): \_\_\_\_\_ No. of Household Members: \_\_\_\_\_

I, \_\_\_\_\_, agree to participate in the **Science and Technology Entry Program (STEP) at Nyack 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 Nyack College Science and Technology Entry Program.

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

\_\_\_\_\_  
Date

I, (We) \_\_\_\_\_, give permission for  
(Name of Parent(s)/Guardian(s))  
\_\_\_\_\_ to participate in the Nyack College Science  
(Name of Student)  
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  
(Name of Parent(s)/Guardian(s))  
responsibility by attending all regularly scheduled parent meetings and scheduled  
Parent/Student activities of the STEP program. Registration of my child(ren) in Nyack  
College STEP includes automatic family membership in STEPAC (Science and  
Technology Entry program Parent Advisory Committee), with annual dues of \$50.00  
per family. I understand that my signature on this document constitutes an agreement  
between myself and the Nyack College Science and Technology Entry Program.

\_\_\_\_\_  
Parent's/Guardian's Signature

\_\_\_\_\_  
Date

# STUDENT PHOTO RELEASE

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

I hereby give permission to the Nyack College STEP program, its agents, successors, assigns and/or newspaper, radio or television to use my child's photographs (whether still, motion or television) for publicity regarding this program.

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Print Full Name of Student

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Student's Signature

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Parent's/Guardian's Signature

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Date

***(PLEASE COMPLETE AND RETURN WITH THE APPLICATION. MAKE  
ADDITIONAL COPIES, IF NEEDED!)***

Science and Technology Entry Program  
Health Form and Medical Release

Student's Name: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

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 \_\_\_\_\_

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

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain \_\_\_\_\_

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

4. Additional comments: \_\_\_\_\_  
\_\_\_\_\_

5. Doctor's Name: \_\_\_\_\_

Doctor's Phone No.: \_\_\_\_\_

6. Name and Phone No. 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 or Guardian Signature

\_\_\_\_\_  
Date

## ACADEMIC AND CAREER INFORMATION

Student's Name: \_\_\_\_\_

1. Please attach your current report card to this form.
2. What is your current career interest?
3. Write a paragraph explaining your reasons for seeking to be enrolled in the STEP program. Discuss how this program would help you to achieve your education goals.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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



FOR OFFICE USE ONLY:  
STEP STUDENT DATA

Student name: \_\_\_\_\_

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

Social Security No: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

Sex: Male \_\_\_\_\_ Female \_\_\_\_\_

Name of Middle of 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: \_\_\_\_\_

1. Date of first entry into program: \_\_\_\_\_

2. At time of entry into program: Math average \_\_\_\_\_ Science average \_\_\_\_\_  
Overall school average \_\_\_\_\_

3. Date of leaving STEP program: \_\_\_\_\_  
Math average \_\_\_\_\_ Science average \_\_\_\_\_ School Average \_\_\_\_\_

4. Class rank (12 grade/graduates): \_\_\_\_\_

5. Date of High School graduation: \_\_\_\_\_

6. College admission offers: \_\_\_\_\_  
\_\_\_\_\_

College enrolled in: Fall 20 \_\_\_\_\_ at \_\_\_\_\_

CSTEP \_\_\_\_\_ Selected Major: \_\_\_\_\_

7. Reason for leaving: \_\_\_\_\_

Other, please explain \_\_\_\_\_

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

Name: \_\_\_\_\_ Relationship to STEP student: \_\_\_\_\_

Undergraduate Degree: \_\_\_\_\_ Graduate Degree: \_\_\_\_\_

Date: \_\_\_\_\_