Science & Technology Entry Program

NEW STUDENT APPLICATION

All applications must be printed legibly!

Return to: Jennifer Ramos
Mercy College– Mercy Hall-First Floor
COP/STEP
555 Broadway
Dobbs Ferry, New York 10522
Phone: (914) 674-7699
Fax: (914) 674-7274
email: jramos9@mercy.edu

Website: https://www.mercy.edu/academics/college-opportunity-programs/step#panel

**Incomplete applications will NOT be accepted**
STEP Student Application

Please specify term:

DATE ________________

FALL____SPRING______

STUDENT’S NAME ________________________________

LAST, FIRST INITIAL

HOME ADDRESS

NO. & STREET CITY STATE ZIP CODE

HOME TELEPHONE NUMBER # ________________ CELL PHONE # ________________

DATE OF BIRTH ________________

SEX: MALE____ FEMALE____

SOCIAL SECURITY NUMBER: ________________

(APPLICATIONS WILL NOT BE PROCESSED WITHOUT SSN)

NEW YORK RESIDENT: YES____NO____

U.S. CITIZEN: YES____NO____

IF NOT A U.S. CITIZEN:

COUNTRY OF CITIZENSHIP ________________________________

DATE OF U.S. ENTRY ________________________________

PERMANENT RESIDENT YES____NO____

ALIEN REGISTRATION # ________________________________

ETHNIC/RACIAL BACKGROUND:

AFRICAN-AMERICAN / BLACK______ ALASKAN NATIVE ________

ASIAN ________ WHITE ________

HISPANIC/LATINO ________ NATIVE AMERICAN INDIAN ________

OTHER (SPECIFY) ________

NAME OF CURRENT SCHOOL ________________________________

SCHOOL STREET ADDRESS ________________

CITY STATE ZIP CODE

SCHOOL TELEPHONE NUMBER ________________

GRADE LEVEL (as of September 2019)

PARENT/GUARDIAN NAME ________________________________

CELL# __________________________

CURRENT E-MAIL ADDRESS (parent) ________________________________

CURRENT E-MAIL ADDRESS (student) ________________________________

OCCUPATION(S) __________________________

CONTACT PHONE NUMBER __________________________

FAMILY INCOME(S) __________________________

NUMBER OF HOUSEHOLD MEMBERS __________________________

ELIGIBLE FOR FREE OR REDUCED LUNCH: YES______NO_______
I, ___________________________________________, agree to participate in the Science and Technology 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.

______________________________  ______________________________
Student’s Signature                   Date

I, (We) ___________________________________ give permission for ________________________________ to participate in the Mercy College Science and Technology Entry Program (STEP).

______________________________  ______________________________
Name of Parent (s) / Guardian (s)     Name of Student

I (we) authorize the release of my (our) son’s/daughter’s academic information (NYSSIS ID) 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 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 photographs (whether still, motion or television) for publicity regarding this program.

______________________________________
Print Full Name of Student

_______________________________________
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.

Is your child currently on medication?  Yes _____   No ______
If so, what type? _____________________________________________________________

Does your child have any allergies?       Yes ________   No ________
If so, what are they? __________________________________________________________

Does your child have any medical or physical problem we should be aware of?
Yes____   No ____   If yes, please explain ____________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

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 _________________
ACADEMIC AND CAREER INFORMATION

STUDENT’S NAME ____________________________________

A. PLEASE ATTACH YOUR CURRENT REPORT CARD TO THIS FORM.

B. WHAT IS YOUR CURRENT CAREER INTEREST? ________________

C. 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 EDUCATIONAL GOALS.

________________________________________________________________________________________________________

________________________________________________________________________________________________________

________________________________________________________________________________________________________

________________________________________________________________________________________________________

________________________________________________________________________________________________________

________________________________________________________________________________________________________

________________________________________________________________________________________________________

________________________________________________________________________________________________________

________________________________________________________________________________________________________

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

Kindly send Recommendation Letter to:
Barbara Jones Jones
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: _______