Science & Technology Entry Program

RETURNING STUDENT APPLICATION

All applications must be printed legibly!

2019-2020

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

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

Please specify term:
Fall & Spring ______

DATE ____________________________

STUDENT’S NAME ____________________________________________
LAST, FIRST INITIAL

HOME ADDRESS ______________________________________________
NO. & STREET CITY STATE ZIP CODE

HOME TELEPHONE NUMBER ____________________________
CELL PHONE ____________________________

DATE OF BIRTH ____________ SOCIAL SECURITY NUMBER:
(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:
1. COUNTRY OF CITIZENSHIP ________________________________
2. DATE OF U.S. ENTRY ________________________________
3. PERMANENT RESIDENT YES ___ NO ___
4. ALIEN REGISTRATION # ____________________________

ETHNIC/RACIAL BACKGROUND: AFRICAN-AMERICAN / BLACK______ ASIAN______
HISPANIC/LATINO _____ NATIVE AMERICAN INDIAN _____ ALASKAN NATIVE _____
WHITE _____ OTHER (SPECIFY) ____________________________

CURRENT SCHOOL ____________________________ NAME OF SCHOOL

________________________________________
SCHOOL STREET ADDRESS CITY STATE ZIP CODE

SCHOOL TELEPHONE NUMBER ____________________________ GRADE LEVEL _______
(as of September 2019)

1. PARENT/GUARDIAN NAME____________________________________

WORKING E-MAIL ADDRESS (parent)______________________________

WORKING E-MAIL ADDRESS (student)______________________________

2. OCCUPATION(S) ____________________________ 3. CONTACT PHONE NUMBER ____________________________

4. FAMILY INCOME(S) ____________________________ 5. NUMBER OF HOUSEHOLD MEMBERS _____

6. ELIGIBLE FOR FREE OR REDUCED LUNCH: YES_____ NO_____

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

MERCY COLLEGE SCIENCE AND TECHNOLOGY ENTRY PROGRAM (STEP)
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.

Students’ Signature ___________________________ Date ___________________________

I,(We) __________________________________ give permission for ________________________________ 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 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 ____________________
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: ______