



Science & Technology Entry Program

RETURNING STUDENT APPLICATION

All applications must be printed legibly!



2020-2021

Return to: Jennifer Ramos

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:

DATE _____

Summer _____ Fall _____ Spring _____

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 2020)

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.

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 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!

**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: _____