



Farmingdale
State College
State University of New York

The Science and Technology Entry Program (STEP) is a New York State Education Department funded program to increase the access and preparation of underrepresented students grades 7-12 who are interested in STEM (Science, Technology, Engineering and Math) or licensed professions. Students in STEP can participate in enrichment activities including experiential learning based Saturday and Summer Academies, research at Farmingdale State College or in partner schools, college tours and visits, SAT and ACT preparation classes, tutoring and STEM trips.

To qualify for STEP, students need to be:

-
- Black/African American
 - Hispanic/Latino/a
 - Native American/Alaskan Native

OR

- Be of any ethnic background and demonstrate economic qualifications through eligibility for free or reduced lunch
 - Have a minimum GPA of 80 or "B" or show ability to benefit from STEM enrichment classes and activities
 - Be a New York State resident for the past 12 months
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Please feel free to direct any questions to:

Risa Stein
Director – STEP/CSTEP/LSAMP
Steinr@Farmingdale.edu
(631) 794-6427

SCIENCE AND TECHNOLOGY ENTRY PROGRAM (STEP) APPLICATION
All fields **MUST** be completed

Student Name: _____ Date of Birth _____
Address: _____ Place of Birth _____
City: _____ State: _____ Zip: _____
Home Telephone _____ Student Cell #, if applicable _____
****Email Address:** _____ Gender M F

Current Grade _____ Are you a NY State Resident? Yes No
Are you a U.S. Citizen or Permanent Resident Yes No

ETHNICITY (Check all that apply):

- ☐ Asian/Pacific Islander ☐ Hispanic/Latino/Latina
☐ Black/African/African-American ☐ Native American/Alaskan Native
☐ White/Caucasian **** If Native American – Tribe** _____

ECONOMICALLY DISADVANTAGED

Is student applying under economically disadvantaged guidelines? Yes No
Must provide verification of free/reduced lunch status along with application.

FAMILY DATA:

Parent/Guardian Name: _____
Address (if different from student's) _____
City: _____ State: _____ Zip: _____
Home phone _____ Alt. # _____
☐ I would like to join the STEP Parent Leaders in supporting and planning for the program
Parent Email _____ **Parent Phone Number** _____

SCHOOL INFORMATION:

Name of School and District: _____
Address: _____
City: _____ State: _____ Zip: _____
School Counselor: _____
Current GPA _____ Anticipated High School Graduation Date: _____

**A COPY OF THE STUDENT'S IMMUNIZATION AND REPORT CARD FOR THE PREVIOUS YEAR
MUST ACCOMPANY THIS APPLICATION.**

STUDENT REPORT CARDS WILL BE KEPT ON FILE FOR ALL STUDENTS ACTIVE IN STEP.

I, _____, agree to participate in the Science and Technology Entry Program (STEP) at Farmingdale State College. As a participant, I will attend activities as scheduled and I will be on time for all activities. I understand that my signature on this document constitutes an agreement between me and SUNY Farmingdale.

Student Signature

Date

I (we) _____ give permission for _____
Name of parent/guardian *Name of Student*

to participate in the Science and Technology Entry Program at Farmingdale State College. I give permission for my school district(s) to release my child's report cards to Farmingdale State College STEP Program, as requested. I (we) authorize SUNY Farmingdale to obtain and review school records of the above named student and understand that all information will be kept confidential.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

TO BE COMPLETED BY SCHOOL COORDINATOR/COUNSELOR

MOST RECENT ELA ASSESSMENT SCORE _____

MOST RECENT SCIENCE ASSESSMENT SCORE _____

MOST RECENT MATH ASSESSMENT SCORE _____

SAT VERBAL _____ **SAT MATH** _____ **PSAT VERBAL** _____ **PSAT MATH** _____ **ACT** _____

1) Date of entry into program _____ **Date of re-entry** _____

2) Academic average at entry: Math _____ **Science** _____

3) End of Year Average: Math _____ **Science** _____

4) Class rank (12th graders) _____ **5) Date of HS Graduation** _____ **6) Type of Diploma** _____

7) Please list any Honors/AP classes and exams taken _____

8) Student qualifies for free/reduced lunch (if applicable) _____ **Date** _____

PHOTO RELEASE FORM

I, _____ hereby give permission for my son's/daughter's name and photograph (whether still or motion) to be used for recognition of their participation in the Science and Technology Entry Program, and for public relations pertaining to the program.

Student's Name _____

Parent Signature

Date