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**Medical Step Student Application**

**All information provided in this application is confidential.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  | Grade you will enter in September: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| Print Name: |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  | First |  |  | Middle |  |  |  | Last |  |  |  |
| Home Address: |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  | House No. / Street Name / Apt. No. |  |  |  |  | City, State, Zip |  |
| E-mail Address: |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Home Phone No: |  |  |  |  |  | Cell Phone No.: |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| Face Book Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Twitter ID:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| Date of Birth: |  |  |  |  |  | Gender: | [ ] Male | [ ] Female |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
| NY State Resident: [ | ] Yes [ | ] No | Place of Birth: |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  | City/Town/Country |  |
| U.S. Citizen | [ | ] Yes | [ ] No |  |  |  |  |  |  |  |  |  |
| Permanent Resident: [ | ] | Date: |  |  |  | Visa Type: |  |  |  |  |  |
| Ethnicity1: (Check One) |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  | [ | ] Black/African-American \* |  |  | [ | ] Hispanic/ Latino |  |  |  |
|  | [ | ] American Indian/Alaska Native |  | [ | ] White \*\* |  |  |  |  |  |
|  | [ | ] Asian/Pacific Islander \*\* |  |  | [ | ] Other (please specify)\*\* |  |  |  |

\*Includes students from Africa and the Caribbean.

\*\* (Documentation confirming economically disadvantaged status is required)

\*\*If you checked “other”, please refer to **Appendix Guidelines For Student Eligibility** to determine if you are economically disadvantaged. **If you do not provide financial documentation as required by New York State, your** **application will not be accepted.**

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

1. For the purpose of STEP, minorities historically underrepresented in the scientific, technical, health related and licensed professions include residents of New York State who are Black or African American, American Indian, Alaska Native, or Hispanic/Latino.

**MEDICAL STEP APPLICATION Page 2**

Print Name (First & Last Name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ACADEMIC DATA**

**(All applicants must submit their most recent report card or transcript with this application)**

High School:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Guidance Counselor: |  |  |  | Phone #: |
|  |  |  |  |  |  |  |  |
| Class Rank (**seniors only**) |  | Expected Date of Graduation: |  |  |

**STANDARDIZED TEST SCORES** (Please answer all that apply) **Write *N/Y/T* for any tests “*NOT YET TAKEN”***

PSAT Verbal\_\_\_\_\_\_\_\_ PSAT Math\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date taken\_\_\_\_\_\_\_\_\_\_\_

SAT I VERBAL\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SAT I MATH\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date/s taken\_\_\_\_\_\_\_\_\_\_

REG. MATH\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ REG. SCI\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date/s taken\_\_\_\_\_\_\_\_ (Name Course) (Name Course)

SAT II: (Subject Name)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Score) \_\_\_\_\_\_\_\_\_\_\_\_ Date Taken\_\_\_\_\_\_\_\_\_\_\_\_

SAT II: (Subject Name)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Score) \_\_\_\_\_\_\_\_\_\_\_\_ Date Taken\_\_\_\_\_\_\_\_\_\_\_\_

SAT II: (Subject Name)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Score) \_\_\_\_\_\_\_\_\_\_\_\_ Date Taken\_\_\_\_\_\_\_\_\_\_\_\_

**GRADES FOR LAST MARKING PERIOD of 2018-2019 (Grades most recent to application submission date.)**

1. **Math GPA\_\_\_\_\_\_\_\_\_\_** **Science GPA\_\_\_\_\_\_\_\_\_** **Current Overall GPA** \_\_\_\_\_\_\_

*(Grade report MUST verify)*

2. Will you be in a Regents curriculum in 2018-2019? { }Yes { }No

**WHAT MATH AND SCIENCE COURSES ARE YOU TAKING IN THE FALL?** (Please provide coursenumber/name and indicate if it is a Non Regent **(NR**); Regent **(R)**; or Advance Placement **(AP)** course.

Algebra\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Geometry\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Pre-Calc\_\_\_\_\_\_\_\_\_\_\_\_\_ Calculus\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Trigonometry\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other Math (name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Biology\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Chemistry\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Physics\_\_\_\_\_\_\_\_\_\_\_\_ Other Science \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MEDICAL STEP APPLICATION Page 3**

Print Name (First & Last Name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list **awards** received in high school:

Please list **extracurricular activities** (school, community, church, involvement in other programs):

What are your career interests?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **FAMILY DATA** | **Student Resides With [** | **] Mother and Father** | **[** | **] Mother [ ] Father [ ] Other** |
|  |  |  |  |  |  |  |  |  |  |  |  |
| Mother/Guardian | First & Last Name |  |  |  |  |  | Home Phone No. |
| Home Address |  |  |  |  |  |  |  |  |  |  |
|  |  |  | House No./Street/Apt. No., City, State, Zip |  |  |  |
| Email Address |  |  |  |  |  |  | Work Phone No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |  |  |  |  |  |  |  |  |
| Father/Guardian | First & Last Name |  |  |  |  |  | Home Phone No. |
| Home Address |  |  |  |  |  |  |  |  |  |  |
|  |  |  | House No./Street/Apt. No., City, State, Zip |  |  |  |
| Email Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Work Phone No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **\*If you checked “Other” you must provide household income.** |  |  |  |
| **HOUSEHOLD INCOME** (Annual): $ |  |  |  |  |  | Total No. in Household\_\_\_\_\_ |
| Source of Income: | [ | ] Employment | [ ] Unemployment | [ ] Social Services |
| [ ] Social Security | [ | ] Other |  |  |  |  |  |  |  |

**MEDICAL STEP APPLICATION Page 4**

Print Name (First & Last Name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Person to Contact in Case of Emergency |  |  |  |  |
| Relationship |  |  | Email Address |  |
| Home Phone No. |  |  | Cell Phone / Work No. |  |

**Return Application and a letter of reference to (2 references preferred):**

Renee Mapp, M.S., Program Coordinator

Medical Science and Technology Entry Program

University at Buffalo, Downtown Campus

Jacobs School of Medicine and Biomedical Sciences

955 Main Street

Suite 1200, Room 1206

Buffalo, NY 14203

Tel: (716) 829-2813 / Fax: (716) 829-2798

**\*Letters of reference can come from a guidance counselor, teacher or employee/volunteer supervisor.**

**APPENDIX**

**GUIDELINES FOR STUDENT ELIGIBILITY**

The Science and Technology Entry Program is designed for students attending secondary school (grades 7-12) in New York State who are either minorities historically underrepresented in the scientific, technical, health related and licensed professions, or economically disadvantaged as defined below. **For the purpose of STEP, minorities** **historically underrepresented in the scientific, technical, health related and licensed professions include residents of New York State who are African American, American Indian/ Alaska Native or Hispanic. If you are economically disadvantaged, you may be eligible for STEP. Please refer to the guidelines below and provide the required documentation.**

For the purpose of STEP, a student is considered a New York State resident if he or she resides in New York State and has lived in New York State for the last two terms of school prior to entry into the STEP Program, or has resided in New York State for at least 12 months immediately preceding the first term for which he or she is seeking participation in the STEP Program.

The economic eligibility standards set forth in this Appendix apply only at the time of application to the Science and Technology Entry Program and this criteria changes each year. Once admitted, a participant may continue to receive services, even if the family income rises above the current eligibility standards.

1. **Economic Eligibility Criteria for First-Time Students**

A student is considered economically disadvantaged if he or she is a member of:

a household supported by one parent if dependent, by the student or by a spouse if independent, whose total annual income is not more than the applicable amount listed in the table below; **or**

a household supported solely by one member thereof who works for two or more employers with a total annual income which does not exceed the applicable amount set forth in the following table by more than **$1,800**; **or**

a household supported by more than one **worker** (parents if dependent, student and spouse if independent) in which the total annual income does not exceed the applicable amount listed in the table below by more than $**4,800**; **or**

a household supported by one **worker** (parent if dependent, student if independent) who is the sole support of a one-parent family in which the total annual income does not exceed the applicable amount listed in the table below by more than **$4,800**.

The number of members of a household shall be determined by ascertaining the number of individuals living in the student’s residence who are economically dependent on the income supporting the student. For students first entering the Program between July 1, 2018 and June 30, 2019:

**New York State Education Department**

**CSTEP and STEP**

**Income Eligibility Criteria**

**2015-16 through 2017-18**

|  |  |  |  |
| --- | --- | --- | --- |
| **# of Household** | **2015-16** | **2016-17** | **2017-2018** |
| **Dependents** | **Eligible Income** | **Eligible Income** | **Eligible Income** |
|  |  |  |  |
| **1** | **$21,755** | **$21,978** | **$22,311** |
| **2** | **$29,471** | **$29,637** | **$30,044** |
| **3** | **$37,167** | **$37,296** | **$37,777** |
| **4** | **$44,863** | **$44,955** | **$45,510** |
| **5** | **$52,559** | **$52,614** | **$53,243** |
| **6** | **$60,255** | **$60,273** | **$60,976** |
| **7** | **$67,9513** | **$67,9514** | **$68,709** |
| **8** | **$75,647** | **$75,647** | **$76,442** |

\*For 2017-18, add $7,733 for each family member in excess of 8.

1. **Exceptions**

Reference to the household income scale need not be made if the student falls into one of the following categories and documentation is available:

1. The student’s family is the recipient of (1) Family Assistance Program Aid, or (2) Safety Net

Assistance through the New York State Office of Temporary and Disability Assistance, or a county Department of Social Services, or (3) family day care payments through the New York State Office of Children and Family Services Assistance, or a county Department of Social Services.

1. The student is a ward of the State or a county.
2. **Documentation**

**Please provide only one of the following documents.**

The following shall be acceptable documentation of economic eligibility:

1. Documentation of all income, earned dividends and interest: a signed copy of appropriate year’s tax return (IRS Forms 1040, 1040A, 1040EZ, or 4506).
2. Documentation of a sole worker’s income from two or more employers: W2’s for the appropriate year or similar documentation acceptable to the Commissioner.
3. Documentation of no income: a copy of IRS Form 4506 which has been filed by the student or family with the Internal Revenue Service or a copy of IRS Letter 1722 indicating that the student or parent did not file a return.
4. Documentation of pension, annuity, or unemployment benefits: letter from the applicable agency showing appropriate year’s total award (if not reported on IRS Forms 1040, 1040A, 1040EZ or 1099).
5. Documentation of Social Security, Supplemental Security Income, or Veterans Administration non-educational benefits: a letter from the applicable agency showing applicable year’s total award for **each** member of the household, including Medicare premiums or IRS Form 1099 for each member ofthe household.
6. Documentation of Social Services payments: verification from a branch of the State Office of Temporary and Disability Assistance, Office of Children and Family Services Assistance, or a county department of Social Services showing year that benefits were received and names of recipients including the applicant.
7. Documentation of child support and/or alimony: a court order, affidavit.
8. Documentation of additional members in household: birth certificates, marriage certificates, third-party verification, or similar documentation acceptable to the Commissioner, along with proof of income or lack of income for each such member.

Documentation of zero household contribution: the needs analysis output form from one of the United States Department of Education.