

Date Received _____
Date Accepted _____



Jacobs School of Medicine and Biomedical Sciences

University at Buffalo

Biomedical Science Technology Entry Program

Middle School Summer Enrichment Application



The Summer Enrichment Program will be held Monday through Friday (4-6 weeks-TBD) beginning the second week in July through the third week of August in the Jacobs School of Medicine (UB Downtown Campus). Please submit completed applications to Ms. Mapp at rmapp2@buffalo.edu by no later than the second week of June. The student's most recent report card and a letter of reference must accompany the application to be considered. (References can be obtained from a teacher, counselor, or church/community organization representative who is a non-relative.)

Please print legibly.

Name: _____ Date: _____
Last First Middle Initial

Home Address: _____
Street address Apt/Unit
City, State Zip Code

Phone #: _____
Self Parent/Guardian (Name and phone #)

Email: _____
Self Parent/Guardian (Name and email)

Gender: ☐ Male ☐ Female Date of birth: _____

Ethnicity¹: (Check One)

<input type="checkbox"/> Black/African-American *	<input type="checkbox"/> Hispanic/ Latino
<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> White
<input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> Other (please specify)

* Includes students from Africa and the Caribbean.

(Documentation confirming economically disadvantaged status is required to be considered.)

Please refer to the **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.***



Current Grade Level:

For the current summer, check in the space provided below the grade as listed on your report card that you will complete/d in the most recent June. Please check the one that applies: ☐ 6th ☐ 7th ☐ 8th

School Currently Attending (Before June of current academic year): _____

Middle level Language Arts assessment performance _____

Middle level Science assessment performance _____

Middle level Mathematics assessment performance _____
(Students should have a minimum of an 82 overall average to be considered.)

Household income must be provided for consideration.

HOUSEHOLD INCOME (Annual): \$ _____ ****Total No. in Household** _____

Source of Income: ☐ Employment ☐ Unemployment ☐ Social Services
☐ Social Security ☐ Other

On a separate sheet of paper please have the student answer the following questions. Their answers should be submitted with the completed application. (They may either type or write their answers neatly.)

1. What do you hope to gain from participation in the Medical STEP Summer Enrichment program?
2. Why do you feel that you are a good candidate for this program?
3. How do you plan to manage your summer commitments and STEP commitments?
4. Do you plan to seek enrollment in the Medical STEP program during high school?
5. Anything else you feel Ms. Mapp should know when considering your application?

Student Signature

Date

Parent/Guardian Signature

Date

Return pages 1 and 2 of completed application, student answers, and letter of reference to:

**Renee Mapp, ABD, 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**

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 economically disadvantaged and in need of academic enrichment or support in the STEM areas who would greatly benefit from academic enrichment or support in the STEM areas, to increase opportunities for disadvantaged students to enter college and acquire the prerequisite skills necessary to pursue pre-professional and professional education programs in scientific, technical, and health-related fields. **For the purpose of STEP, if you are a New York State resident for at least the last two terms of school prior to applying, who is economically disadvantaged and/or demonstrates a need for academic enrichment, 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, 2025 and June 30, 2026**:

**New York State Education Department C/STEP & HEOP
Income Eligibility Criteria 2021-22 through 2025-2026**

Household Size*	2021-2022 income under	2022-2023 income under	2023-2024 income under	2024-2025 income under	2025-2026 income under
<i>1</i>	\$23,606	\$23,828	\$25,142	\$26,973	\$27,861
<i>2</i>	\$31,894	\$32,227	\$33,874	\$36,482	\$37,814
<i>3</i>	\$40,182	\$40,626	\$42,606	\$45,991	\$47,767
<i>4</i>	\$48,470	\$49,025	\$51,338	\$55,500	\$57,720
<i>5</i>	\$56,758	\$57,424	\$60,070	\$65,009	\$67,673
<i>6</i>	\$65,046	\$65,823	\$68,802	\$74,518	\$77,626
<i>7</i>	\$73,334	\$74,222	\$77,534	\$84,027	\$87,579
<i>8</i>	\$81,622	\$82,621	\$86,266	\$93,536	\$97,532

* in 2024

** For 2025-26, add \$9,953 for each additional family member in excess of 8.



2. 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:

- a. 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.
- b. The student is a ward of the State or a county.

3. Documentation

Please provide only one of the following documents.

The following shall be acceptable documentation of economic eligibility:

- a. Documentation of all income, earned dividends and interest: a signed copy of appropriate year's tax return (IRS Forms 1040, 1040A, 1040EZ, or 4506).
- b. 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.
- c. 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.
- d. 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).
- e. 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 of the household.
- f. 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.
- g. Documentation of child support and/or alimony: a court order, affidavit.
- h. 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.