



Medical STEP Elite Scholars Program High School Student Application

Fill in ALL sections as applicable. All information provided will be kept confidential.

Date: _____ Grade you entered or 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 assigned at birth: 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)

<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)

****If you checked “other” or ethnicities with **, 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.**

¹For 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.



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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 _____

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SAT II: (Subject Name) _____ (Score) _____ Date Taken _____

GRADES FOR LAST MARKING PERIOD 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? { }Yes { }No

WHAT MATH AND SCIENCE COURSES ARE YOU OR WILL YOU TAKE DURING THIS

ACADEMIC YEAR? (Please provide course number/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 _____



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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**

*****Total No. in Household** _____

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" OR sections with ** on page 1 please provide household income.

HOUSEHOLD INCOME (Annual): \$ _____

Source of Income: Employment Unemployment Social Services

Social Security Other _____



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Print Name (First & Last Name) _____

Person to Contact in Case of Emergency _____

Relationship _____ Email Address _____

Home Phone No. _____ Cell Phone / Work No. _____

Submit pages 1-4 of the completed application, supporting documentation, copy of latest report card, and letters of reference (2 preferred) via email to Rmapp2@buffalo.edu or send to:

Renee Mapp, ABD, Senior Education Specialist/Program Coordinator
Medical Science and Technology Entry Program Elite Scholars 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
Rmapp2@buffalo.edu

***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, 2024 and June 30, 2025:

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
1	\$23,606	\$23,828	\$25,142	\$26,973	\$27,861
2	\$31,894	\$32,227	\$33,874	\$36,482	\$37,814
3	\$40,182	\$40,626	\$42,606	\$45,991	\$47,767
4	\$48,470	\$49,025	\$51,338	\$55,500	\$57,720
5	\$56,758	\$57,424	\$60,070	\$65,009	\$67,673
6	\$65,046	\$65,823	\$68,802	\$74,518	\$77,626
7	\$73,334	\$74,222	\$77,534	\$84,027	\$87,579
8	\$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.

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.