



## Medical STEP Elite Scholars Program High School Student Application

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

Date: \_\_\_\_\_

Grade level at time of application submission: \_\_\_\_\_

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: \_\_\_\_\_

Ethnicity<sup>1</sup>: (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 for all applicants.)**

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.**

<sup>1</sup> For the purpose of STEP, eligible participants in the *scientific, technical, health related and licensed professions* must be a resident of New York State for at least 1 year and who are economically disadvantaged.

**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 and have a minimum of an 82 overall average to be considered.)**

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 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 \_\_\_\_\_



### MEDICAL STEP APPLICATION Page 3

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

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

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

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What are your career interests?

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**FAMILY DATA Student Resides With** ☐ Mother and Father ☐ Mother ☐ Father ☐ Other

\*\*\*Total No. in Household \_\_\_\_\_

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Mother/Guardian	First & Last Name	Home Phone No.
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Home Address \_\_\_\_\_  
House No./Street/Apt. No., City, State, Zip

Email Address \_\_\_\_\_ Work Phone No. \_\_\_\_\_

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Father/Guardian	First & Last Name	Home Phone No.
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Home Address \_\_\_\_\_  
House No./Street/Apt. No., City, State, Zip

Email Address \_\_\_\_\_ Work Phone No. \_\_\_\_\_

**Household income must be provided for consideration.**

**HOUSEHOLD INCOME** (Annual): \$ \_\_\_\_\_

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. \_\_\_\_\_

**Submit pages 1-4 of the completed application, supporting documentation, copy of most recent report card, and letters of reference from a teacher, counselor, or church/community organization representative who is a non-relative (2 preferred) via email to [Rmapp2@buffalo.edu](mailto: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](mailto: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 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 criterion 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**

<b>Household Size*</b>	<b>2021-2022 income under</b>	<b>2022-2023 income under</b>	<b>2023-2024 income under</b>	<b>2024-2025 income under</b>	<b>2025-2026 income under</b>
<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

The following shall be acceptable documentation of economic eligibility:

3. Documentation of all income, earned dividends and interest: a signed copy of appropriate year's tax return (IRS Forms 1040, 1040A, 1040EZ, or 4506).
4. 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.
5. 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.
6. 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).
7. 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.
8. Documentation of Social Services payments: verification that the student's family is the recipient of family assistance program aid or safety net assistance through the New York State Office of Temporary and Disability Assistance or a county department of social services; or is the recipient of family day-care payments through the New York State Office of Children and Family Services or a county department of social services.
9. Documentation verifying that the student is living with foster parents and no monies are provided from the natural parents; or
10. Documentation verifying that the student is a ward of the State or a county.
11. The student is eligible for free or reduced lunch at his or her secondary school based upon family income (verified by the school). Documentation of child support and/or alimony: a court order, affidavit.
12. Documentation of additional members in the 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.