



Science & Technology Entry Program

NEW STUDENT APPLICATION

All applications must be printed legibly!



2024-2025

Return to:
Scan to Email: STEP@mercy.edu
OR

Mail to: Brianna Cauthen
Mercy University
Mercy Hall/COP-STEP
555 Broadway
Dobbs Ferry, NY 10522

Website: <https://www.mercy.edu/academics/college-opportunity-programs/step#panel>

STEP Student Application

Please specify term:

DATE _____

SUMMER ___ FALL ___ SPRING ___

STUDENT'S NAME _____
LAST, FIRST MIDDLE INITIAL

HOME ADDRESS _____
NO. & STREET CITY STATE ZIP CODE

HOME TELEPHONE NUMBER # _____ STUDENT CELL PHONE # _____

DATE OF BIRTH _____ GENDER: MALE ___ FEMALE ___ NON-BINARY ___

SOCIAL SECURITY NUMBER : _____
(APPLICATIONS WILL NOT BE PROCESSED WITHOUT SSN)

NEW YORK RESIDENT: YES ___ NO ___ U.S. CITIZEN: YES ___ NO ___

IF NOT A U.S. CITIZEN:

COUNTRY OF CITIZENSHIP _____

DATE OF U.S. ENTRY _____

PERMANENT RESIDENT YES ___ NO ___

ALIEN REGISTRATION # _____

ETHNIC/RACIAL BACKGROUND:

AFRICAN-AMERICAN / BLACK _____

ALASKAN NATIVE _____

ASIAN _____

WHITE _____

HISPANIC/LATINO _____

NATIVE AMERICAN INDIAN _____

OTHER (SPECIFY) _____

NAME OF CURRENT SCHOOL _____

SCHOOL STREET ADDRESS CITY STATE ZIP CODE

SCHOOL TELEPHONE NUMBER _____ GRADE LEVEL _____

(as of September 2024)

PARENT/GUARDIAN NAMES _____

CURRENT E-MAIL ADDRESS (parents) _____

CURRENT NON SCHOOL E-MAIL ADDRESS (student) _____

FAMILY OCCUPATION(S) _____ PARENT PHONE NUMBERS _____

FAMILY INCOME(S) _____ NUMBER OF HOUSEHOLD MEMBERS _____

ELIGIBLE FOR FREE OR REDUCED LUNCH: YES ___ NO ___

I, _____, agree to participate in the Science and Technology Entry Program (STEP) at Mercy University. I understand that program completion coincides with high school graduations. As a participant, I will attend all scheduled activities. I understand that my signature on this document constitutes an agreement between myself and the Mercy University Science and Technology Entry Program.

Student's Signature

Date

I,(We) _____ give permission for _____
Name of Parent (s) /Guardian (s) Name of Student
to participate in the Mercy University Science and Technology Entry Program (STEP).

I (we) authorize the release of my (our) son's/daughter's academic information (NYSSIS ID) and photo relevant to his/her participation in the program. All information requested must be accurate and complete in accordance with Federal and State regulations. All information will be kept confidential.

Parent's/ Guardian's Signature

Date

I, _____, agree to fulfill my **parental responsibility** by
Name of Parent (s) / Guardian (s)
attending all regularly scheduled parent meetings and scheduled Parent/Student activities of the STEP program.
Registration of my child(ren) in Mercy STEP includes automatic family membership in STEPAC (Science and Technology Entry program Parent Advisory Committee), with annual dues of \$50 per family. I understand that my signature on this document constitutes an agreement between myself and the Mercy University Science and Technology Entry Program.

Parent's /Guardian's Signature

Date

M MERCY
UNIVERSITY

NEW YORK STATE

STEP



preparing science, technology & licensed professionals since 1986

Student Photo Release Form

Mercy University and New York State Education Department
SCIENCE & TECHNOLOGY ENTRY PROGRAM (STEP)

I hereby give permission to the Mercy STEP program, its agents, successor, assigns and/or newspapers, radio or television to use my child photographs (*whether still, motion or television*) for publicity regarding this program.

Print Full Name of Student

Student's Signature

Parent/Guardian Signature

Date

Please complete and return with application. Make additional copies as needed!

Science and Technology Entry Program Health Form and Medical Release

Student's Name _____

Guardian Telephone Number _____

The following information will be helpful in the event of an emergency when your child is attending a STEP field trip or other STEP activity. Please answer the following questions.

Is your child currently on medication? Yes _____ No _____

If so, what type? _____

Does your child have any allergies? Yes _____ No _____

If so, what are they? _____

Does your child have any medical or physical problem we should be aware of?

Yes _____ No _____ If yes, please explain _____

Additional comments: _____

Doctor's Name and Phone # _____

____ (____) _____ - _____

Name and Phone # of Friend or Relative _____

____ (____) _____ - _____

Medical Release

I hereby give permission to STEP personnel to provide my child with any necessary medical treatment required during the course of any STEP field trip or other STEP activity.

Parent/Guardian Signature _____

Date _____

ACADEMIC AND CAREER INFORMATION

STUDENT'S NAME _____

- A. PLEASE ATTACH YOUR CURRENT AND 2023-2024 REPORT CARD TO THIS FORM.
- B. WHAT IS YOUR CURRENT CAREER INTEREST? _____
- C. WRITE A PARAGRAPH EXPLAINING YOUR REASONS FOR SEEKING TO BE ENROLLED IN THE STEP PROGRAM. DISCUSS HOW THIS PROGRAM WOULD HELP YOU TO ACHIEVE YOUR EDUCATIONAL GOALS. MINIMUM 150-200 WORDS.

Letter of Recommendation for
Science & Technology Entry Program Applicant
(Must be from your Science or Math Teacher)

Kindly send Recommendation Letter to:

Email: STEP@mercy.edu

Or

Mail to:

Brianna Cauthen

Mercy University

Mercy Hall/COP-STEP

555 Broadway

Dobbs Ferry, NY 10522

**FOR OFFICE USE ONLY:
STEP STUDENT DATA**

Student Name: _____

Address: _____

Social Security Number: _____ Ethnicity: _____ M/F _____

Name of Middle or Grade School: _____ Address: _____

Middle level Language Arts assessment performance: _____

Middle level Mathematics assessment performance: _____

Middle level Science assessment performance: _____

Middle level Social Science assessment performance: _____

Name of high school: _____ Address: _____

1. Date of first entry into program: _____

2. At time of entry into program :

Math average: _____ Science Average: _____ School Average: _____

3. Date of Leaving the STEP program: _____

Math average: _____ Science Average: _____ School Average: _____

PSAT score: V _____ M _____ SAT score : V _____ M _____

4. Class rank (12 grade/ graduates): _____

5. Date of high school graduation: _____

6. College Admission offer(s):

1. _____ 2. _____ 3. _____

4. _____ 5. _____ 6. _____

College enrolled in: Fall 20 _____ at _____

CSTEP _____ SELECTED MAJOR: _____

7. Reason for leaving: graduation _____

Other, explain _____

8. Is there any family member attending or who may have graduated from Mercy College? If so, please give name and relationship to you below.

Name: _____ Relationship to STEP student: _____

Undergraduate Degree: _____ Graduate Degree: _____ Date: _____