



# Science & Technology Entry Program

## RETURNING STUDENT APPLICATION

***All applications must be printed legibly!***



# 2022-2023

**Return to:**

**Return to:**

**Scan to Email: [STEP@mercy.edu](mailto:STEP@mercy.edu) or [bcauthen@mercy.edu](mailto:bcauthen@mercy.edu)**

**Mail to: Brianna Cauthen**

**Mercy College**

**Mercy Hall/COP-STEP**

**555 Broadway**

**Dobbs Ferry, NY 10522**

**Website: [mercy.edu/academics/college-opportunity-programs/step#panel](http://mercy.edu/academics/college-opportunity-programs/step#panel)**

# STEP Student Application

Please specify term:

DATE \_\_\_\_\_

Summer \_\_\_\_\_ Fall \_\_\_\_\_ Spring \_\_\_\_\_

STUDENT'S NAME \_\_\_\_\_  
LAST, FIRST INITIAL

HOME ADDRESS \_\_\_\_\_  
NO. & STREET CITY STATE ZIP CODE

HOME TELEPHONE NUMBER \_\_\_\_\_ STUDENT CELL PHONE \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ SOCIAL SECURITY NUMBER : \_\_\_\_\_  
*(APPLICATIONS WILL NOT BE PROCESSED WITHOUT SSN)*

SEX: MALE \_\_\_\_\_ FEMALE \_\_\_\_\_

NEW YORK RESIDENT: YES \_\_\_ NO \_\_\_ U.S. CITIZEN: YES \_\_\_ NO \_\_\_

IF NOT A U.S. CITIZEN:

1. COUNTRY OF CITIZENSHIP \_\_\_\_\_

2. DATE OF U.S. ENTRY \_\_\_\_\_

3. PERMANENT RESIDENT YES \_\_\_ NO \_\_\_

4. ALIEN REGISTRATION # \_\_\_\_\_

ETHNIC/RACIAL BACKGROUND: AFRICAN-AMERICAN / BLACK \_\_\_\_\_ ASIAN \_\_\_\_\_

HISPANIC/LATINO \_\_\_\_\_ NATIVE AMERICAN INDIAN \_\_\_\_\_ ALASKAN NATIVE \_\_\_\_\_

WHITE \_\_\_\_\_ OTHER (SPECIFY) \_\_\_\_\_

CURRENT SCHOOL \_\_\_\_\_  
NAME OF SCHOOL

SCHOOL STREET ADDRESS CITY STATE ZIP CODE

SCHOOL TELEPHONE NUMBER \_\_\_\_\_ GRADE LEVEL \_\_\_\_\_  
*(as of September 2022)*

1. PARENT(S)/GUARDIAN NAME \_\_\_\_\_

PARENT(S) E-MAIL ADDRESS \_\_\_\_\_

STUDENT E-MAIL ADDRESS (NON-SCHOOL) \_\_\_\_\_

2. OCCUPATION(S) \_\_\_\_\_ 3. CONTACT PHONE NUMBER \_\_\_\_\_

4. FAMILY INCOME(S) \_\_\_\_\_ 5. NUMBER OF HOUSEHOLD MEMBERS \_\_\_\_\_

6. ELIGIBLE FOR FREE OR REDUCED LUNCH: YES \_\_\_ NO \_\_\_

**NOTE: THIS IS A STATE FUNDED PROGRAM. ALL QUESTIONS MUST BE ANSWERED IN THEIR ENTIRETY IN ACCORDANCE WITH NEW YORK STATE REGULATIONS.**

I, \_\_\_\_\_, agree to participate in the Science and Technology  
Entry Program (STEP) at Mercy College. 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 College Science and Technology Entry Program.

\_\_\_\_\_  
Students' Signature

\_\_\_\_\_  
Date

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

**I (we) authorize the release of my (our) son's/daughter's academic information 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

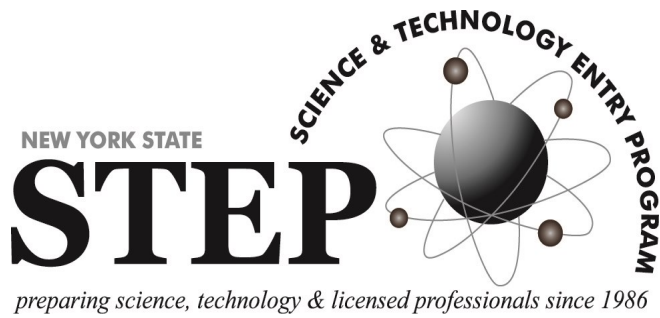
\_\_\_\_\_  
Date

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 College Science and Technology Entry Program.

\_\_\_\_\_  
Parent's /Guardian's Signature

\_\_\_\_\_  
Date



# Student Photo Release Form

Mercy College 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

\_\_\_\_\_

**Print Full Name of Student**

photographs (*whether still, motion or television*) for publicity regarding this program.

\_\_\_\_\_

**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 \_\_\_\_\_

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.

1. Is your child currently on medication? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, what type? \_\_\_\_\_

2. Does your child have any allergies? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, what are they? \_\_\_\_\_

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

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain \_\_\_\_\_

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

4. 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 \_\_\_\_\_

**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: \_\_\_\_\_