

# Summer STEP 2019

Monday, July 8 – Friday, July 26 (weekdays 9:00am-3:30pm)  
*ACCEPTANCE TO SUMMER STEP INCLUDES ACCEPTANCE TO ACADEMIC YEAR STEP 2019/20*

## Union College Science & Technology Entry Program

### STUDENT APPLICATION / REGISTRATION

Please complete, sign and return this form with all required documentation to Union College, Kenney Community Center, 807 Union St., Schenectady, NY 12308. You may fax to 518-388-6638 or email to [step@union.edu](mailto:step@union.edu).  
PLEASE USE INK—no pencil. **Questions? Contact Janet Sweeney at 518-388-6609 or [sweeneyj@union.edu](mailto:sweeneyj@union.edu).**

**You will be notified about acceptance in writing by the STEP Director after the deadline: 4/15/19.**  
Acceptance is at the discretion of the STEP administrators and is limited to 40 students.  
**INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.**

Today's Date: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_

Student Name \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Grade you will enter next September \_\_\_\_\_ Gender \_\_\_\_\_

What school will you attend in September? \_\_\_\_\_

Student's Email Address \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Guardian Name(s) \_\_\_\_\_

Parent/Guardian Email address \_\_\_\_\_

Parent/Guardian Address (if different from student's) \_\_\_\_\_  
\_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone (parent) \_\_\_\_\_

Student Cell Phone \_\_\_\_\_ Parent Cell phone \_\_\_\_\_

Are you a New York State Resident? [ ]Yes [ ]No Country of Birth if other than U.S. \_\_\_\_\_

Permanent Resident Alien? [ ]Yes [ ]No Registration Number \_\_\_\_\_

**\*How did you hear about STEP?** Please write specific name if applicable \_\_\_\_\_

\*Are you a member of another STEP Program [ ]Yes [ ]No If yes, which one? \_\_\_\_\_

**Eligibility: Please check yes or no for each category below.**

Yes  No *African American/Black* (A person having origins in any of the black racial groups of Africa)

Yes  No *Latino/Hispanic* (A person of Cuban, Mexican, Puerto Rican, South or Central, American or other Spanish, culture or origin regardless of race)

Yes  No *American Indian/Native Alaskan* (A person having origins in North, Central or South America who maintains tribal affiliation or community attachment)

Yes  No *\*Asian* (A person having origins in the Far East, Southeast Asia or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand & Vietnam)

Yes  No *\*Native Hawaiian/ Pacific Islander* (A person having descent from Hawaii, Guam, Samoa, or other Pacific Islands)

Yes  No *\*White*

**\*Only answer the following question if your child is NOT African American/Black, Latino/Hispanic or American Indian/Native Alaskan.**

Yes  No **Are you Eligible for Free or Reduced Lunch?**  
 If yes, Please send in documentation of your application proving your eligibility.

➔ **IF YOU DO NOT QUALIFY BASED ON ETHNICITY** ←

(African American, Latino/Hispanic, or Native American/ Alaskan Native)

**OR**

➔ **YOU DO NOT HAVE DOCUMENTATION SHOWING THAT YOU ARE** ←

**ELIGIBLE FOR FREE/REDUCED LUNCH**

**YOU MUST ATTACH A COPY OF THE 1<sup>st</sup> PAGE OF YOUR MOST RECENT INCOME TAX RETURN TO PROVE YOU QUALIFY BASED ON INCOME**

**New York State Opportunity Programs Income Eligibility Criteria**

Number in Household Dependent on Income	2019-20 Income
1	\$22,459
2	\$30,451
3	\$38,443
4	\$46,435
5	\$54,427
6	\$62,419
7	\$70,411
8	\$78,403

**Emergency Contacts (you must list 2):**

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Phone: \_\_\_\_\_

**Education:**

What school did you attend this year? \_\_\_\_\_

Guidance Counselor: \_\_\_\_\_

Will you attend the same school next year? [ ] **yes** [ ] **no** If not, where will you attend? \_\_\_\_\_

***PLEASE ATTACH A COPY OF STUDENT'S MOST RECENT REPORT CARD (not interim report).***

**New STEP students must have a *minimum of C+ (77) in math and science classes and cannot be failing any classes.***

1. Extracurricular Activities (athletics, drama, offices held, school paper, etc.):

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2. Special Awards:

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3. Hobbies/Interests:

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## Health Information

**All applicants must attach immunization history. Please obtain a copy from your physician's office.**

1. Is your child taking any kind of medication? \_\_\_\_\_ If yes, please answer the following:

Reason for taking medication: \_\_\_\_\_

Will your child need to take medication during program hours? \_\_\_\_\_ If so, when \_\_\_\_\_

Does your child need assistance in administering medication? \_\_\_\_\_ Please specify the type of assistance needed: \_\_\_\_\_

Will your child need to carry any emergency medication? \_\_\_\_\_.

If YES please indicate medication and its purpose \_\_\_\_\_

**PLEASE NOTE: Students who need to carry and/or self-administer medication (including over the counter meds) during the program will be required to submit a prescription from their physician to us by June 28.**

2. Does your child have any allergies? \_\_\_\_\_ Please list all allergies including allergies to medication and food:
3. Does your child have other medical or physical conditions that we need to be aware of? (Heart trouble, epilepsy, diabetes, etc.)
4. Please list any activity restrictions:
5. Please list any other restrictions (including food restrictions for religious purposes).

## **Hospitalization Insurance**

[ ] I have insurance coverage. [ ] I do **NOT** have insurance coverage.

Insurance Company: \_\_\_\_\_

Policy Identification Number: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Doctor's Phone Number: \_\_\_\_\_

**Emergency Authorization:**

FOR STUDENTS UNDER 18 YEARS OF AGE, THE FOLLOWING RELEASE **MUST** BE SIGNED BY YOUR PARENT/GUARDIAN.

I/we give my/our permission for my/our son/daughter to be medically treated in the case of an emergency illness or injury {**please indicate any medical restrictions** \_\_\_\_\_}:

*(If no medical restrictions please write NONE in the space above).*

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

**Consent To Be Photographed**

I/we do hereby give Union College authorization and consent to **video/photograph** my/our child for the purpose of education and information sharing.

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Consent to Access School Records**

I (we), \_\_\_\_\_, give permission for \_\_\_\_\_  
Parent(s)/Guardian(s) Student Name

to participate in the Union College Science & Technology Entry Program (STEP). I (we) authorize Union College to obtain and review school records. I (we) understand that all information will be kept confidential.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**Please sign below ONLY if you allow your child to walk home from the Kenney Center.**

*Yes, I give permission for my child to walk home from the Kenney Community Center. By providing this permission I am assuming all/any responsibility for the well being and safety of my child.*

Parent/Guardian Signature \_\_\_\_\_

**ONLY the adults listed below will be allowed to pick up your child. Please include parents/guardians names as well.** Written permission must be given in advance for any other adults to pick up your child, including parents of other students in the program.

Full Name of Person picking up your child \_\_\_\_\_ Age \_\_\_\_\_

Relationship \_\_\_\_\_ Phone number \_\_\_\_\_

Full Name of Person picking up your child \_\_\_\_\_ Age \_\_\_\_\_

Relationship \_\_\_\_\_ Phone number \_\_\_\_\_

Full Name of Person picking up your child \_\_\_\_\_ Age \_\_\_\_\_

Relationship \_\_\_\_\_ Phone number \_\_\_\_\_

Please note that if for any reason **someone other** than parents/guardians or the designated persons will be picking up your child, you **MUST** notify us in advance **IN WRITING**. Your child will be released only to the persons identified above unless you give us written permission in advance.

**Transportation to and from Union College**

\_\_\_\_\_ I will drop off my child by **9:00 AM** and pick up my child by **3:30 PM** at the Union College, Kenney Community Center, corner of Park Place and Nott Street.

\_\_\_\_\_ I am requesting that my child be transported by Union College (\*\***except on field trip days**) as follows:

\_\_\_\_\_ Picked up at Mt. Pleasant Middle School at 8:25 AM and dropped off at 3:40 PM

\_\_\_\_\_ Picked up at Central Park Middle School at 8:40 AM and dropped off at 3:55

\_\_\_\_\_ Picked up at Schenectady High School at 8:50 AM and dropped off at 4:05 PM

***\*\*Please note that field trips require early departure and, you will be responsible for dropping off and picking up your child at Union College, Kenney Community Center on field trip days. You will receive prior notification of any field trips.***

**Youth Participant Agreement:** All STEP participants are required to adhere to the rules outlined below.

I, (student name) \_\_\_\_\_, when on campus and on off campus activities, agree to participate in all scheduled activities for the Union College Science and Technology Entry Program and to follow the rules and regulations as set forth by staff, faculty and Mentors, including respecting other STEP participants, faculty, staff, Mentors and all property of the college. I understand that I must, at all times, travel with the accompanying adult Mentor(s)/chaperone(s) as assigned. Independent travel or activities are prohibited. All personal needs or requests must be approved by the adult Mentor(s)/chaperone(s) as assigned. Alcohol and smoking and use of illegal or controlled substances is prohibited. Possession of weapons is prohibited.

I will come to STEP prepared to participate every day. Attendance for all 15 days of Summer STEP is mandatory.

I will not use my cell phone during class or work time. I will not use college computers to access websites (including social media sites) that are not directly related to the work my group is conducting.

I will dress appropriately and in accordance with the rules explained to me at the Summer STEP Orientation.

I understand that my signature on this document constitutes an agreement between me and Union College STEP. I understand that if I fail to follow these rules and regulations, I will be asked to leave the program.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Parents/Guardians Waiver and Release**

I give permission for (student's name) \_\_\_\_\_ to participate in the Union College Science & Technology Entry Program (STEP). I authorize Union College to obtain and review school records. I understand that all information will be kept confidential.

1. I am hereby waiving and releasing Union College and its trustees, officers, employees and agents from any and all liability for any injuries incurred by my child while participating in the Science and Technology Entry Program, July 8 to July 26, 2019 unless caused by the sole negligence of Union College.
2. I am hereby assuming all risks associated with my child's participation in this Program.
3. I am representing to Union College that I have adequate health insurance for my child while he or she is participating in this Event.
4. I will pay all costs incurred by Union College as a result of any failure by my child to respect and maintain College facilities and/or observe College rules and regulations.
5. I understand that if my student is disruptive or disrespectful of the Summer STEP rules, participants or staff that parents will be notified and students might be asked to leave the program.
- 6. I understand that attendance is important to the success of the Summer STEP program. My child will attend the entire 15 day program, including research presentations on July 26 at 4:00-7:00pm.**
7. Any action in regard to this Release or arising out of its terms and conditions and or claims that may arise while my child is in this Program/Event shall be instituted and litigated before the Supreme Court, Third Judicial District, Schenectady County, New York State.
8. I have read this entire Release, I fully understand it, and I agree to be bound by it.

\_\_\_\_\_  
*Parent or Guardian Signature*

\_\_\_\_\_  
*Parent or Guardian Signature*

Date \_\_\_\_\_

Date \_\_\_\_\_

**STUDENT LETTER– Required for all students applying for Summer STEP.**

**Please write a one-page letter telling us why you would like to participate in STEP. You may include information on your favorite scientist/mathematician, a career that interests you, or anything else related to your desire to be in the program. The letter may be typed or handwritten, but must be legible. The letter will be judged on how well it indicates your interest in pursuing science, technology, math and other related fields.**



### APPLICATION CHECKLIST:

- [ ] All pages/sections of application have been completed.
- [ ] Student and parent signatures
- [ ] Copy of most recent report card. *Please do not send an interim report.* Send the report card for the last quarter completed.
- [ ] Essay, typed or handwritten legibly in pen.
- [ ] Immunization history (you may have it faxed from physician's office to 518-388-6638).
- [ ] Proof of economic eligibility included? (This is only required if student does not meet the requirement of being a member of a historically underrepresented ethnic group. See attached Income Eligibility Criteria chart.)  
*If you are African American/Black, Latino/Hispanic, or Native American/Alaskan Native you DO NOT have to prove economic eligibility.*

*There is no cost to participate in STEP.*

### Please Note:

- **For those accepted to Summer STEP, there will be a ←**  
*mandatory orientation for parents and students.*
- **Those who do not attend the meeting ←**  
*will be moved to our waitlist*
- **All parents/guardians will also be asked to ←**  
*sign a promise*  
**that your child(ren) will**  
*attend every day of the program!*