



## **Science and Technology Entry Program (STEP)**

The University of Rochester School of Medicine and Dentistry's Science and Technology Entry Program (STEP) is an academic and career development service designed to stimulate and maintain participants' interest in medicine and the health care professions. This program is designed for New York residents (including permanent resident aliens) in grades 8 through 12 who belong to groups of historically \*underrepresented in scientific, technical, health-related professions, or who are \*economically disadvantaged.

They are exposed to a variety of academic and professional skill development opportunities to enhance their problem solving, critical thinking and test taking skills. One aspect of STEP's strength is in its emphasis on active or "hand's-on" learning. STEP students have the opportunity to work directly with physicians, technical staff, certified teachers, medical and graduate students.

### Prerequisite:

- Members of groups historically \*underrepresented in scientific, technical, health related, and licensed professions
- OR
- \*Economically Disadvantaged
  - New York State Resident (including permanent resident aliens) or Permanent Residents
  - Entering Grades 8 through 12.
  - Maintaining a GPA of 2.8 average or better.
  - Expressing an interest in science and/or health professions

### Program Dates:

**Student/Parent Orientation: Tuesday, June 28, 2011**  
**Classes start: Monday, July 11 – Friday, August 5, 2011**  
**Mon. – Fri. 9:00am-3:00pm**  
**Final Presentation: To Be Determined**

Application Deadline: **All application materials must be received by: Friday, April 1, 2011**  
**\*Funds Pending\***



SCHOOL OF  
**MEDICINE &  
DENTISTRY**  
UNIVERSITY OF ROCHESTER  
MEDICAL CENTER

## STEP APPLICATION CHECKLIST

- Completed Application**
- Signed Parent/Student Agreement**
- Three letters of recommendation (*use provided recommendation forms*)**
  - 1. Science teacher recommendation**
  - 2. Math Teacher recommendation**
  - 3. Professional/Character Recommendation - Individual who knows you and can describe your character, motivation and commitment to participate in the program. PLEASE DO NOT USE FAMILY MEMBERS.**
- Personal Essay (*use provided sheet or enclose a separate sheet*).**
- Recent official transcript or report card from your school.**

### **Return to:**

The Center for Advocacy, Community Health,  
Education and Diversity (CACHED)  
University of Rochester School of Medicine and Dentistry  
ATTN: Robyn Carter-McFadden  
601 Elmwood Avenue, Box 601  
Rochester, NY 14642

Telephone: 585-275-2928 --Fax: 585-273-1016  
E-mail: [robyn\\_carter-mcfadden@urmc.rochester.edu](mailto:robyn_carter-mcfadden@urmc.rochester.edu)

**PLEASE RETURN NO LATER THAN: April 1, 2011**

**Support for the development and production of this material was provided by a grant under the Science and Technology Entry Program administered by the New York State Education Department.**



**ASSOCIATED MEDICAL SCHOOLS OF NEW YORK**  
Science and Technology Entry Program (STEP) *Application*  
(Please type or print in ink)

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Telephone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ E-mail Address (**required**): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender:  Male  Female

U.S. Citizen:  Yes  No

Are you a NY State Resident:  Yes  No If yes, which County do you reside: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Permanent Resident:  Yes  No Visa Type: \_\_\_\_\_

**ETHNICITY (Must be underrepresented in the Sciences -check all that apply)**

- Black/African/African American  Deaf/Hard of Hearing  
 Hispanic / Latino / a  Native American Indian

**OR**

- \*ECONOMICALLY DISADVANTAGED**  No  Yes (*if yes, verification needed- submit copy of parent's W2*)  
 White/Caucasian\*  Asian/Pacific Islander\*

**Family Data**

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

Address (If different from applicants): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ Email Address: \_\_\_\_\_

**SCHOOL INFORMATION** (All applicants must submit their most recent transcript or grade report).

Name of School: \_\_\_\_\_

School Address: \_\_\_\_\_

Counselor's Name: \_\_\_\_\_

Present Grade Level: \_\_\_\_\_ Grade Point Average: \_\_\_\_\_

Anticipated Graduation Date: \_\_\_\_\_ Are you a returning STEP student?  Yes  No

If yes, please specify program year(s) \_\_\_\_\_ Are you in a Regents Curriculum?  Yes  No

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## Academic Data/Awards & Accomplishments

Please indicate if you have taken any of the courses or exams below. (All applicants must submit their most recent transcript or grade report).

| Mathematics                | Yes | No | Exam Score |
|----------------------------|-----|----|------------|
| Mathematics A              |     |    |            |
| Mathematics B              |     |    |            |
| Sequential Math Course I   |     |    |            |
| Sequential Math Course II  |     |    |            |
| Sequential Math Course III |     |    |            |
| Pre calculus               |     |    |            |
| Calculus                   |     |    |            |
| AP Calculus                |     |    |            |

| Science               | Yes | No | Exam Score |
|-----------------------|-----|----|------------|
| Regents Earth Science |     |    |            |
| Regents Biology       |     |    |            |
| Regents Chemistry     |     |    |            |
| Regents Physics       |     |    |            |
| AP Chemistry          |     |    |            |
| AP Biology            |     |    |            |
| AP Physics            |     |    |            |

If you have taken any achievement tests, list your scores below: PSAT Scores Verbal: \_\_\_\_\_ Math \_\_\_\_\_ SAT  
Scores Verbal: \_\_\_\_\_ Math: \_\_\_\_\_ ACT Score: \_\_\_\_\_

Please list any awards, achievements, participation in competitions, or conference presentations that you have received. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list extra-curricular activities that you are presently involved (after –school, sports, volunteer and youth groups): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you an Urban League Black Scholar?  Yes  No

**Please list individuals you have requested letters of recommendation (One from a current science and one math teacher and the third should be from a person who knows you and can describe your character, motivation and commitment to participate in the program. PLEASE DO NOT USE FAMILY MEMBERS.**

1. Science Teacher's Name: \_\_\_\_\_

2. Math Teacher's Name: \_\_\_\_\_

3. Name/Relationship: \_\_\_\_\_

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## PARENT / STUDENT AGREEMENT

If selected for STEP and accept the offer of admission, I \_\_\_\_\_, agree  
Name of Student

to participate in the Science and Technology Entry Program (STEP) at the University of Rochester School of Medicine and Dentistry. As a participant, I will attend activities as scheduled, and I will be on time for all activities. I understand that my signature on this document constitutes an agreement between me and the University of Rochester School of Medicine and Dentistry.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

to participate in the Science and Technology Entry Program (STEP) at the University of Rochester School of Medicine and Dentistry. I, (we) authorize the University of Rochester to obtain and review school records. I, (we) understand that all information will be kept confidential.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Participants are expected to attend ALL scheduled events and continue to demonstrate an attitude that reflects a serious commitment to the program. Those who are tardy more than three times, absent two or more days (without appropriate notification), exhibit inappropriate behavior, and/or do not adhere to the guidelines of the program will be dismissed. Participants are expected to participate in a final presentation.

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## PERSONAL ESSAY

Please attach and/or use the space below to **TYPE** a statement describing your reasons for your interest in this Program. Include any special areas of interest you may have as well as experiences and course work you have had in science and health-related fields.