



Science and Technology Entry Program (STEP) – UP TO MEDICINE STEP I

(New Applicants)

STEP is a New York State funded educational pipeline program for middle and high school students who are economically disadvantaged or from underrepresented backgrounds. The program is designed to stimulate participants' interest in career development opportunities in medicine and the health care professions. STEP students have the opportunity to work directly with physicians, technical staff, certified teachers, medical, and graduate students. Students are exposed to a variety of academic and professional skill development opportunities to enhance their problem solving, critical thinking and test taking skills with an emphasis on active or "hands-on" learning.

Twenty participants will be recruited to participate in the URSMD four-week, one hundred and twenty hour STEP I summer program. The STEP I summer component is designed to strengthen the problem-solving, test-taking, conceptual processing and computations skills of the participants. The program's developmental approach places emphasis on increasing skill development, tied to core learning objectives.

Selection Criteria:

- Applicants must be members of an Underrepresented Group (see groups below):
- African American/Black
- Hispanic
- American Indian
- Alaskan Native

OR

- Applicants must be economically disadvantaged (see pages 11-12)

Applicants must also meet the following criteria:

- Must be a New York State resident
- Must be a U. S. Citizen or Permanent Resident
- Entering Grades 7 through 12 having a GPA of 2.8 average or better
- Must express interest in science and /or the health professions.

Important Program Dates and Information:

Student/Parent Orientation: Wednesday, June 21, 2017

Mandatory Program Dates: July 10 – August 4, 2017

Mandatory Time Commitment: Mon. – Fri. 9:00am-3:00pm

Final Presentation: August 4, 2017

ALL APPLICATION MATERIALS MUST BE RECEIVED BY:
Friday, February 10, 2017 by 4pm EST



STEP I 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; 500 words minimum).
- ☐ Recent Report card or Official transcript from your school.

Return to:

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

Telephone: 585-275-4172

Fax: 585-273-1016

E-mail: OMECached@urmc.rochester.edu

**ALL APPLICATION MATERIALS MUST BE RECEIVED BY:
Friday, February 10, 2017 by 4pm EST**



2017 SUMMER STEP I STUDENT APPLICATION

All information provided in this application is confidential.

Date: _____ Grade you will enter in September 2017: _____

Print Name: _____

First

Middle

Last

Home Address: _____

House No. / Street Name / Apt. No.

City, State, Zip

E-mail Address: _____

Home Phone #: _____ - _____ - _____ Cell Phone #: _____ - _____ - _____

Facebook Name: _____ Twitter ID: _____

Date of Birth: _____ Gender: ☐ Male ☐ Female ☐ Non-Binary¹

NY State Resident: ☐ Yes ☐ No

Place of Birth: _____

U.S. Citizen: ☐ Yes ☐ No

City/Town/Country

Permanent Resident: ☐ No ☐ Yes – Date: _____ Visa Type: _____

Ethnicity²: (Check One)

Africa-American³

American Indian/Alaska Native

Hispanic/Latino (specify) _____

Other (please specify)⁴ _____

¹ Does not self-identify with female or male.

² For the purpose of STEP, minorities historically underrepresented in the scientific, technical, health related and licensed professions include residents of New York who are Black or African American, American Indian, Alaska Native, or Hispanic/Latino as defined by the New York State Department of Education.

³ Includes students from Africa and the Caribbean.

⁴ If you checked "other", 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. Also indicate your ethnicity in other box.



ACADEMIC DATA

(All applicants must submit their most recent report card or transcript with this application)

High School: _____

Guidance Counselor: _____ Phone #: _____ - _____ - _____

Class Rank (seniors only) _____ Expected Date of Graduation: _____

STANDARDIZED TEST SCORES (Please answer all that apply)

Write NYT for any tests "NOT YET TAKEN"

PSAT Verbal: _____ PSAT Math: _____ Date/s taken: _____

SAT I Verbal: _____ SAT I Math: _____ Date/s taken: _____

REG. Math: _____ REG. Science: _____ 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 LAST MARKING PERIOD (Report Card/Transcript MUST verify)

Math GPA: _____ Science GPA: _____ Current Overall GPA: _____

Will you be in a Regents curriculum in 2017-2018? [] Yes [] No [] Unknown

WHAT MATH AND SCIENCE COURSES ARE YOU TAKING IN THE FALL? (Please provide course number/name and indicate if it is a Non Regent (NR); Regent (R); or Advance Placement (AP) course.

Algebra _____ Calculus _____ Geometry _____

Pre-calc _____ Trigonometry _____ Other Math (name) _____

Biology _____ Other Science (name) _____

Chemistry _____ Physics _____

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



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

What are your career interests? _____

FAMILY DATA

Student resides with ☐ Mother and Father ☐ Mother ☐ Father ☐ Other: _____

Mother/Guardian: _____ Home Phone #: ____ - ____ - ____

First and Last Name

Home Address: _____

House No./Street/Apt. No.

City, State, Zip

Email Address: _____ Work Phone #: ____ - ____ - ____

Father/Guardian: _____ Home Phone #: ____ - ____ - ____

First and Last Name

Home Address: _____

House No./Street/Apt. No.,

City, State, Zip

Email Address: _____ Work Phone #: ____ - ____ - ____

Only if you checked "Other" for Ethnicity, you must provide household income.

HOUSEHOLD INCOME (Annual): _____ Total # in Household: _____

Source of Income: ☐ Employment ☐ Unemployment ☐ Social Services ☐ Social Security ☐ Other: _____

Person to Contact in Case of Emergency: _____

Relationship: _____ Email Address: _____

Home Phone#: ____ - ____ - ____ Cell Phone/Work #: ____ - ____ - ____



PARENT / STUDENT AGREEMENT

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/absent, 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.

If selected for STEP and accept the offer of admission, I (Student Name) _____, agree to participate in the Science and Technology Entry Program (STEP) – UP TO MEDICINE PHASE I 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 (Parent(s)/Guardian(s)) give permission to (Student Name) _____ to participate in the Science and Technology Entry Program (STEP) – UP TO MEDICINE PHASE I 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:** _____



SCIENCE TEACHER RECOMMENDATION
SCIENCE AND TECHNOLOGY ENTRY PROGRAM (STEP I)

Applicant must complete this section.

Name of Applicant: _____

I agree to waive your right under the Family Education Rights and Privacy Act of 1974 to review specific and composite letters of recommendation.

Applicant's Signature: _____ Date: _____

May be submitted separately to:

CACHED
601 Elmwood Avenue, Box 601
Rochester, NY 14642
Telephone: 585-275-4172
Fax: 585-273-1016
Email: omecached@umc.rochester.edu

Recommender must complete this section.

Recommender name: _____

Name of school: _____

E-mail address: _____ Phone #: _____

How long have you known the applicant? _____ In what capacity? _____

How would you rate the applicant as a student?

☐ Among the very best ☐ Top 5% ☐ Top 10% ☐ Average ☐ Below Average

Please attach a sheet or use the space below to answer the below questions:

1. How does the candidate's performance compare to those of their peers in your class (provide specific examples)? _____

2. Describe the most important piece of constructive feedback you have given the applicant (detail the circumstances and the applicant's response). _____

3. Is there anything else we should know? (optional) _____

Recommender signature: _____ Date: _____



MATH TEACHER RECOMMENDATION
SCIENCE AND TECHNOLOGY ENTRY PROGRAM (STEP I)

Applicant must complete this section.

Name of Applicant: _____

I agree to waive your right under the Family Education Rights and Privacy Act of 1974 to review specific and composite letters of recommendation.

Applicant's Signature: _____ Date: _____

Recommender must complete this section.

Recommender name: _____

Name of school: _____

E-mail address: _____ Phone #: _____

How long have you known the applicant? _____ In what capacity? _____

How would you rate the applicant as a student?

☐ Among the very best ☐ Top 5% ☐ Top 10% ☐ Average ☐ Below Average

Please attach a sheet or use the space below to answer the below questions:

1. How does the candidate's performance compare to those of their peers in your class (provide specific examples)? _____

2. Describe the most important piece of constructive feedback you have given the applicant (detail the circumstances and the applicant's response). _____

3. Is there anything else we should know? (optional) _____

Recommender signature: _____ Date: _____

May be submitted separately to:

CACHED
601 Elmwood Avenue, Box 601
Rochester, NY 14642
Telephone: 585-275-4172
Fax: 585-273-1016
Email: omecached@umc.rochester.edu



PROFESSIONAL/CHARACTER RECOMMENDATION

Please do not use family members.

SCIENCE AND TECHNOLOGY ENTRY PROGRAM (STEP I)

Applicant must complete this section.

Name of Applicant: _____

I agree to waive your right under the Family Education Rights and Privacy Act of 1974 to review specific and composite letters of recommendation.

Applicant's Signature: _____ Date: _____

May be submitted separately to:

CACHED
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Rochester, NY 14642
Telephone: 585-275-4172
Fax: 585-273-1016
Email: omecached@urmc.rochester.edu

Recommender must complete this section.

Recommender name: _____

Name of school: _____

E-mail address: _____ Phone #: _____

How long have you known the applicant? _____ In what capacity? _____

How would you rate the applicant as a student?

☐ Among the very best ☐ Top 5% ☐ Top 10% ☐ Average ☐ Below Average

Please attach a sheet or use the space below to answer the below questions:

1. How does the candidate's performance compare to those of their peers in your class (provide specific examples)? _____

2. Describe the most important piece of constructive feedback you have given the applicant (detail the circumstances and the applicant's response). _____

3. Is there anything else we should know? (optional) _____

Recommender signature: _____ Date: _____



PERSONAL ESSAY

Please attach and/or use the space below to TYPE a statement answering the following questions:

1. Why are you interested in attending URSMD STEP?
2. What special areas of interest, experiences and/or coursework you have related to any health field?
3. What do you think you will bring to the STEP program?
4. What do you think you will gain attending STEP during the summer?

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 either minorities historically underrepresented in the scientific, technical, health related and licensed professions, or economically disadvantaged as defined below. For the purpose of STEP, minorities historically underrepresented in the scientific, technical, health related and licensed professions include residents of New York State who are African American, American Indian/Alaska Native or Hispanic. If you are economically disadvantaged, 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. 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
- 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
- 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
- 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, 2016 and June 30, 2017:

# of members in household (including head of household)	Total annual income preceding calendar year
1	\$21,590
2	\$29,101
3	\$36,612
4	\$44,123
5	\$51,634
6	\$59,145
7 or more	\$66,656 plus \$7,511 for every person over 7



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:

- 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.
- The student is a ward of the State or a county.

3. Documentation

Please provide only one of the following documents.

The following shall be acceptable documentation of economic eligibility:

- Documentation of all income, earned dividends and interest: a signed copy of appropriate year's tax return (IRS Forms 1040, 1040A, 1040EZ, or 4506).
- 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.
- 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.
- 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).
- 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.
- Documentation of Social Services payments: verification from a branch of the State Office of Temporary and Disability Assistance, Office of Children and Family Services Assistance, or a county department of Social Services showing year that benefits were received and names of recipients including the applicant.
- Documentation of child support and/or alimony: a court order, affidavit.
- Documentation of additional members in 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.