



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

(Returning STEP 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 II summer program. The four (4) week STEP II program component is for up to twenty (20) 8-12th grade students who are former participants in the URSMD STEP Program. STEP II will focus on understanding and conducting basic science research. Participants will learn the specific steps and scientific method involved with medical-science research. In addition, they will run their own original medical-science research experiment in three (3) or four (4) member teams. The format will maximize learning opportunities by focusing on one central theme rather than multiple topics over the four weeks. This pedagogical approach will optimize learning the core science, math and technical content and build skills such as longitudinal planning, project coordination, and communication with colleagues. The STEP II participants will present poster and oral presentations.

The STEP II participants will also attend the SAT preparation course, receive college admissions information, career counseling, academic advising, and community service-learning opportunities. STEP II participants will emerge from the program with more in-depth problem solving, conceptual thinking and test taking skills, as well as a broader understanding of the educational and career pipeline for scientific, technical, health-related fields and the licensed professions.

### 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 9-10)

### 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 Time Commitment:** Mon. – Fri. 9 am-3 pm

**Mandatory Program Dates:** July 10 – August 4, 2017

**Final Presentation:** August 4, 2016

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



## STEP II APPLICATION CHECKLIST

- ☐ Completed Application
- ☐ Signed Parent/Student Agreement
- ☐ Recent Report card or Official transcript from your school
- ☐ Questionnaire

### **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](mailto:OMECached@urmc.rochester.edu)

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



## 2017 SUMMER STEP II 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-Binary<sup>1</sup>

NY State Resident: ☐ Yes ☐ No

Place of Birth: \_\_\_\_\_

U.S. Citizen: ☐ Yes ☐ No

City/Town/Country

Permanent Resident: ☐ No ☐ Yes – Date: \_\_\_\_\_ Visa Type: \_\_\_\_\_

Ethnicity<sup>2</sup>: (Check One)

Africa-American<sup>3</sup>

American Indian/Alaska Native

Hispanic/Latino (specify) \_\_\_\_\_

Other (please specify)<sup>4</sup> \_\_\_\_\_

<sup>1</sup> Does not self-identify with female or male.

<sup>2</sup> 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.

<sup>3</sup> Includes students from Africa and the Caribbean.

<sup>4</sup> 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:** \_\_\_\_\_



## RETURNING STEP STUDENT QUESTIONNAIRE

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

1. When did you first attend URSMD STEP? \_\_\_\_\_

2. What have you learned attending summer/academic STEP? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. What experiences would you like to have had during the STEP summer/academic program?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. What do you think you will gain attending STEP during the summer? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. What other program are you interested in attending during the summer or have applied to for the summer?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. Are there opportunities that U of R STEP can assist you in obtaining for the summer? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. What opportunities have you learned about at your school? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

8. How often do you research opportunities that will assist you with your future goals? \_\_\_\_\_

\_\_\_\_\_



9. How has STEP helped you facilitate your future career goals? \_\_\_\_\_

---

---

10. Please state below what you would bring to the 2017 STEP summer program? \_\_\_\_\_

---

---

---

---

---

---



## 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.