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

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 Phase I summer program. The STEP Phase 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 12-13)

Applicants must also meet the following criteria:

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

Important Program Dates and Information:
Student/Parent Orientation: Tuesday, June 21, 2016
Mandatory Program Dates: June 27 – July 1, 2016;
July 11 – July 29, 2016
(Please note: program will be closed for the week of July 4th for the holiday)
Mandatory Time Commitment: Mon. – Fri. 9:00am-3:00pm
Final Presentation: July 29, 2016

ALL APPLICATION MATERIALS MUST BE RECEIVED BY: FEBRUARY 12, 2016

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.
Updated 10/15/2015
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 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
ATTN: Catrina Rockwell
601 Elmwood Avenue, Box 601
Rochester, NY 14642

Telephone: 585-275-2175 --Fax: 585-273-1016
E-mail: catrina_rockwell@urmc.rochester.edu

ALL APPLICATION MATERIALS MUST BE RECEIVED BY:
FEBRUARY 12, 2016
Science and Technology Entry Program

2016 SUMMER STEP STUDENT APPLICATION - PHASE I

All information provided in this application is confidential

Date: ___________  Grade you will enter in September 2016: ______

Print Name: __________________________________________
            First                         Middle                         Last

Home Address: __________________________________________
               House No. / Street Name / Apt. No.  City, State, Zip

E-mail Address: _________________________________________

Home Phone No: ___________________________  Cell Phone No.: ____________________

Face Book Name: ____________________________  Twitter ID: _______________________

Date of Birth: ___________________________  Gender:  [ ] Male  [ ] Female

NY State Resident:  [ ] Yes  [ ] No  Place of Birth: ____________________________

            City/Town/Country

U.S. Citizen  [ ] Yes  [ ] No

Permanent Resident: [ ] Date: ___________  Visa Type: _______________________

Ethnicity¹: (Check One)

[ ] African-American/Black*  [ ] Hispanic/ Latino (specify)

[ ] American Indian/Alaska Native  [ ] Other (please specify)**

*Includes students from Africa and the Caribbean.

**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.

¹ 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.
ACADEMIC DATA  
(All applicants must submit their most recent report card or transcript with this application)

High School: ______________________________________________________________

Address: __________________________________________________________________

Guidance Counselor: __________________________ Phone #: ________________

Class Rank (seniors only) ________  Expected Date of Graduation: __________

STANDARDIZED TEST SCORES (Please answer all that apply) Write N/Y/T for any tests “NOT YET TAKEN”

PSAT Verbal_______   PSAT Math_____________ Date taken__________

SAT I VERBAL_________ SAT I MATH___________ Date/s taken __________

REG. MATH_____________ REG. SCI_______________ 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

1. Math GPA _________ Science GPA _________ Current Overall GPA _________

(Grade report MUST verify)

2. Will you be in a Regents curriculum in 2016-2017? { }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 _____________ Geometry _____________ Pre-calc _____________
Calculus _____________

Trigonometry _____________ Other Math (name) _____________

Biology _____________ Chemistry _____________ Physics _____________
Other Science (name) _____________

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  First & Last Name  Home Phone No.

Home Address  _____________________________________________________________

House No./Street/Apt. No., City, State, Zip

Email Address  ____________________________ Work Phone No.  __________________

Father/Guardian  First & Last Name  Home Phone No.

Home Address  _____________________________________________________________

House No./Street/Apt. No.,  City, State, Zip

Email Address  ____________________________ Work Phone No.  __________________

Only if you checked “Other” you must provide household income.

HOUSEHOLD INCOME (Annual): $_______________  Total No. in Household____

Source of Income:  [  ] Employment  [  ] Unemployment  [  ] Social Services
[  ] Social Security  [  ] Other  ________________________________

Person to Contact in Case of Emergency  ________________________________

Relationship  __________________________ Email Address  ________________________________

Home Phone No.  __________________________ Cell Phone / Work No.  ________________________________
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 ________________________, agree

Name of Student

to participate in the Science and Technology Entry Program (STEP) – UP TO MEDICINE 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) – UP TO MEDICINE 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)

APPLICANT MUST COMPLETE THIS SECTION:

Name of Applicant ____________________________

If you agree to waive your right under the Family Education Rights and Privacy Act of 1974 to review specific and composite letters of recommendation, please sign here:

Applicant’s Signature: ________________________________

Date ________________

RECOMMENDER MUST COMPLETE THIS SECTION:

Recommender Name ________________________________

Name of School ________________________________ E-mail Address ________________________________

Phone ( ) ___________________ Recommender Signature ________________________________ Date ________________

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

__________________________________________________________________________________________

__________________________________________________________________________________________

Recommendation may be submitted separately to:

ATTN: Catrina Rockwell
601 Elmwood Avenue, Box 601
Rochester, NY 14642
Telephone: 585-275-2175
Fax: 585-273-1016 email: catrina_rockwell@urmc.rochester.edu

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Updated 10/15/2015
MATH TEACHER RECOMMENDATION

SCIENCE AND TECHNOLOGY ENTRY PROGRAM (STEP)

Applicant must complete this section:

Name of Applicant ____________________________

If you agree to waive your right under the Family Education Rights and Privacy Act of 1974 to review specific and composite letters of recommendation, please sign here:

Applicant's Signature __________________________

Date ________________

RECOMMENDER MUST COMPLETE THIS SECTION:

Recommender Name ___________________________

Name of School ________________________ E-mail Address __________________________

Phone ( ) ___________________ Recommender Signature ___________________________ Date ________________

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

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

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Updated 10/15/2015
PROFESSIONAL/CHARACTER RECOMMENDATION

PLEASE DO NOT USE FAMILY MEMBERS.

SCIENCE AND TECHNOLOGY ENTRY PROGRAM (STEP)

Applicant must complete this section:

Name of Applicant: ___________________________

If you agree to waive your right under the Family Education Rights and Privacy Act of 1974 to review specific and composite letters of recommendation, please sign here:

Applicant’s Signature__________________________________________________________

Date____________

RECOMMENDER MUST COMPLETE THIS SECTION:

Recommender Name____________________________________________________________

Institution or place of employment ________________________________

E-mail Address __________________________ Phone (#) _____________________________

Recommender Signature__________________________________________ Date ___________

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

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________
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; or
- 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; or
- 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; or
- 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, 2015 and June 30, 2016:

<table>
<thead>
<tr>
<th>Number of members in household (including head of household)</th>
<th>Total annual income in preceding calendar year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$21,590</td>
</tr>
<tr>
<td>2</td>
<td>$29,101</td>
</tr>
<tr>
<td>3</td>
<td>$36,612</td>
</tr>
<tr>
<td>4</td>
<td>$44,123</td>
</tr>
<tr>
<td>5</td>
<td>$51,634</td>
</tr>
<tr>
<td>6</td>
<td>$59,145</td>
</tr>
<tr>
<td>7 or more</td>
<td>$66,656 plus $7,511 for each family member in excess of 7</td>
</tr>
</tbody>
</table>

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Updated 10/15/2015
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:

a. 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.

b. 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:

a. Documentation of all income, earned dividends and interest: a signed copy of appropriate year’s tax return (IRS Forms 1040, 1040A, 1040EZ, or 4506).

b. 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.

c. 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.

d. 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).

e. 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.

f. 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.

g. Documentation of child support and/or alimony: a court order, affidavit.

h. 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.