

Syracuse University Science and Technology Entry Program (STEP) 2023-2024 Application

To be eligible for the STEP program, the student must have been a resident of NY State for at least 12 months prior to application and must be enrolled in grade 7-12 for the 2023-2024 academic year.

Be sure to complete **all required sections** of this application before submitting it to the STEP office. Failure to do so will delay their acceptance notification.

This form can be completed electronically. Please print the completed application and verify **that all pages are signed** before submitting to the STEP office.

Application Checklist

- ☐ **Student Application Form** including all signatures and email addresses
- ☐ **Student Authorization for Disclosure of Educational Information**
 - ☐ Ensure all 3 check boxes are marked in the top section
 - ☐ Ensure the student's school name is entered
 - ☐ Parent/Guardian Signature
- ☐ **Student Questionnaire** (all questions answered)
- ☐ **Informed Consent Form** including all signatures
- ☐ **STEP Program Contracts and Agreements** including all signatures
- ☐ Attach an **Official Copy of Student's Grades** – Provide either the student's academic transcript or a copy of student's final report card for school year ended June 2022.

Students new to the SU STEP Program may be required to complete additional items such as an income verification form or student recommendation forms. The STEP Program will contact you to request any of this additional information.

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Applications are reviewed on a rolling basis and can be submitted by email, fax, or regular mail:

Email: soestep@syr.edu

Fax: (315) 443-5683

Mail to: Science & Technology Entry Program (STEP)
419 Sims Hall, Syracuse, NY 13244

Student Application Form

Section 1: Student Information

Full Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home/Primary Phone Number: _____ Date of Birth: _____

Grade (as of Sept 2023): _____ Gender: _____

NYSSIS code (from guidance counselor): _____ T-shirt Size: _____

Ethnicity (select all that apply):

☐ Hispanic/Latino

☐ American Indian/Native Alaskan

☐ Black/African American

☐ Native Hawaiian/Pacific Islander

☐ Asian (except Pacific Islander)

☐ White/Caucasian or Other

New York State resident? ☐ Yes ☐ No If yes, since when? _____

Country of Birth (if other than USA): _____

Permanent Resident/Alien? ☐ Yes ☐ No If yes, registration number: _____

Does the student have any accessibility/accommodation requirements? If yes, describe:

Section 2: Contact Information (ALL email addresses are required!)

Student Cell Phone: _____ Student Email Address: _____

Parent/Guardian 1 Name: _____

Cell Phone: _____ Email Address: _____

Parent/Guardian 2 Name: _____

Cell Phone: _____ Email Address: _____

Section 3: Emergency Contact Information

Name: _____

Cell Phone: _____ Email Address: _____

To Parents/Guardians: Your signature on this application signifies that all the information given in this application is accurate and complete to the best of your knowledge in accordance with Federal and State regulations.

Parent/Guardian Signature Date

Student Signature Date

Student Authorization for Disclosure of Educational Information

Student Name: _____ Grade (as of Sept 2023): _____

☐ I am the person legally responsible for the above named individual and I authorize the Science and Technology Entry Program at Syracuse University to

☐ Obtain information from: _____
(specific school in Onondaga County)

☐ Release information to: Syracuse University Science and Technology Entry Program
419 Sims Hall, Syracuse NY 13244

I hereby authorize the disclosure of educational information between the Science and Technology Entry Program (STEP) and the School district indicated above, in accordance with the Family Educational Rights and Privacy Act (FERPA).

Specific information to be released or obtained includes the following confidential information necessary for educational services:

- Student standardized test scores, Grades, and Report Card Information
- Individual course communications, assignments, and interim results
- Other

This information is required for the purpose of any necessary and ongoing educational needs inclusive of evaluations and recommendations for further development.

By signing below I am stating that:

- I understand the information disclosed, as permitted by this authorization, will not be re-disclosed by the receiving entity (and/or its affiliates). I do understand that local, state, and federal laws do exist to protect the confidentiality of this information.
- I understand that I have the right to revoke and/or restrict this authorization at any time without penalty, provided that I submit a request in writing to the STEP Office.
- I authorize the periodic, on-going disclosure of the above information. This authorization expires one year after date of signing or at disenrollment from services, whichever comes first. Re-authorization will be obtained after one year if information is still needed.

Parent/Guardian Name: _____

Parent/Guardian Signature Date

Student Questionnaire

Information below is required by the New York State Education Department which provides funding for the STEP Program.

Student Name: _____ Grade (as of Sept 2023): _____

Is the student presently enrolled in any of the following programs (select all that apply):

☐ Le Moyne LPP

☐ Le Moyne STEP

☐ OCC LPP

☐ OCC STEP

Does the student currently have an IEP or 504 Plan? ☐ Yes ☐ No

Is the student eligible for free or reduced lunch? ☐ Yes ☐ No

2023-2024 Informed Consent Form

It is critical that the coordinators of the STEP program collect information from students who participate in activities in order to continuously improve the program and meet the needs of the students, as well as participate in focus group sessions to discuss the program.

Participation in any of the information gathering activities is completely voluntary. Students may choose to omit items from surveys, choose not to complete surveys, or not to attend focus group sessions. Responses from individuals will not be reported in any form. All responses will be reported as a group to program organizers in order to maintain anonymity.

Your signatures below indicate that you understand the purpose and process described above, and you are willing to have your child participate in the STEP program information gathering efforts. **Choosing not to sign this consent form will in no way influence your child's ability to participate in the STEP program.**

Student Name: _____

Student Signature

Date

Parent/Guardian Signature

Date

STEP Program Contracts & Agreements

Student Name: _____ Grade (as of Sept 2023): _____

1. Saturday Learning Academy/ Enrichment Program Contract

Student Responsibilities

- Maintain a minimum average of **75% in science and math courses**.
- Maintain a minimum **overall GPA of 75%**.
- **Conduct yourself** in a manner conducive to your own learning, and to the learning of others.
- Participate regularly in programming activities
- **Respect the STEP staff, workshop coordinators, and other students in the program.**
- When necessary, **come to tutorials** with applicable textbooks and classroom assignments.
- Agree to adhere to the student absence and tardiness procedures, and the Anti-Bullying Pledge.

Parent/ Legal Guardian Responsibilities

[Program hours are 10:00am – 12:00pm; Enrichment is 12:00 pm – 1:30pm]

- **Talk with students** about STEP activities and expectations.
- **Adhere to deadlines.**
- **Read ALL** information pertaining to the program.
- Remind students to **bring applicable assignments/materials** to each session including tutorials.
- Participate in at **least two open-to-parents/family STEP activities** per semester.

2. Press and Performance Release

I hereby give my permission to Syracuse University, its agents, successor, assigns and/or newspapers, radio, television or websites, statewide conferences to use my child's photograph (*whether still, motion or television*) and recordings of my child's voice, for publicity regarding the STEP Program.

Indication of Understanding

By signing below, we certify that the STEP Scholar and Parent/Guardian named herein have read the 2023/2024 Saturday Learning Academy/ Enrichment Program Contract and the Press and Performance Release; and, that we understand them, and we agree to abide by them. Furthermore, we understand that **failure to abide by responsibilities could result in dismissal** from the program.

Student Name: _____ Parent/Guardian Name: _____

Student Signature Date

Parent/Guardian Signature Date