



Dear Parent & Applicant,

Thank you for your interest in Vaughn College’s Science Technology Entry Program (STEP). STEP is designed to provide exposure to underrepresented students to the STEM, licensed professions and trade fields. Below are the requirements needed to be eligible for the STEP. **In order to be considered for enrollment all sections of the application must be completed.**

Eligibility Requirements

Applicants must be:

- *New York State Residents (living in NY for one year prior to applying) in grades 7 through 12
- Minorities historically underrepresented scientific, technical, health-related, and licensed professions

or

- *Economically disadvantaged

**New York State residency refers to someone living in New York for at-least one prior to applying to STEP. A student is economically disadvantaged if he or she meets the income eligibility criteria. Below is New York States qualifying requirements per number of household.*

Number on Household Dependent on Income	2017-2018
1	\$22,311
2	\$30,044
3	\$37,777
4	\$45,510
5	\$53,243
6	\$60,976
7	\$68,709
8	\$76,442*

* Add \$7,733 for each family \$member in excess of 8.

Vaughn College

of aeronautics and technology

I. Student Information

Name of Applicant
(Print only)

(First name)

(Middle Initial)

(Last name)

Gender Male ___ Female ___ Date of Birth ____/____/____

Home Address (number and street)

Home Number _____ Student Cell _____ Student Email _____

Were you referred? Yes ___ No ___ If yes, Name of referral _____

II. Ethnicity (Select one)

- Black/African American
- Hispanic/Latino
- Native American Indian
- Alaskan Native

III. School Institution

Current School: _____
(Please write complete name. No abbreviations!)

School Address: _____

Current Grade Level: _____

School Year Fall ____ / Spring ____

Student OSIS# _____ NYSSID # _____

Is this your last year attending your school, what school will you be enrolled in the upcoming year? _____

IV. Parent or Guardian Information

Father/Guardian Name: _____ Number: _____

Home Address _____
(only if different from applicant)

Mother/Guardian Name: _____ Number: _____

Home Address _____
(only if different from applicant)

Parent Email: _____ Parent Email: _____
(Mother) (Father)

Note: If you do not meet NY state primary eligibility requirements (Please refer to program description, submission of a Tax Return document is mandatory).

Income Eligibility

1. Did your parent(s)/guardian complete an Income Tax Return last year? Yes___ No___
a. If yes, please provide a copy of last year's tax return (1040 form) and sign below.

WE DO NOT ACCEPT W-2 FORMS!

Note: The applicant must be listed as a dependent on the submitted 1040 form

- b. If no, please enter your information below:
- Family annual income: _____
 - How many people are in your household? _____

- c. Does your child qualify for free or reduced lunch? Yes ___ No ___
If yes, please attach documents.

I certify that all of the above income information is true and correct and that all income is reported. I understand that any misrepresentation will make the applicant ineligible for Science Technology Entry Program.

Parent Signature _____

V. Guidance Recommendation

Guidance Counselor Name: _____

Email: _____ **Number:** _____

1. Has he/she taken any college level courses? Yes ___ No ___

2. Has he/she taken any AP courses? Yes ___ No ___

a. If yes, what course and exam score was received?

Course _____ Exam Score _____

Course _____ Exam Score _____

Course _____ Exam Score _____

3. Is applicant on track for graduation? Yes ___ No ___

If no, where is student falling behind?

4. Based upon applicant's academic status, are there any subjects he/she needs extra assistance with? Yes ___ No ___

a. If yes, please list them.

1. _____

2. _____

3. _____

4. _____

5. Does applicant have an Individualized Education Plan (IEP)? Note: Having an IEP does not affect acceptance into STEP. If yes, please explain his/her individualized learning style/plan.

6. Do you recommend this student to be part of Science Technology Entry Program (STEP)? Yes ___ No ___

**Please attach a copy of applicant's recent unofficial transcript. It is required for acceptance into STEP.*

Guidance Counselor Signature _____

VI. Contractual Agreements

I understand that my son/daughter is expected to abide by the College's rules of conduct, and may be dismissed from this program for non-compliance. However, I also understand that STEP will make a reasonable attempt to contact me should this action be deemed necessary

Tutorial Agreement:

I give my son /daughter _____ permission to fully participate in
(Print student name)
the Vaughn College of Aeronautics and Technology's Science Technology Entry Program. Program hours of operation are 8am-1pm on Saturdays and 3pm - 6pm, Monday through Thursday.

In regards to tutorial services, I am aware that if my child is not prepared with the necessary supplies (their notebook, textbooks, pen, and pencil), he/she will be sent home. In addition, I understand that my child will not be using his/her cell phone during any class/ tutoring session. I will, as a parent / guardian, enforce that my child behave accordingly. Failure to do so will result in expulsion or probationary action.

Parent Signature _____ **Date** ____/____/____

Academic Records Permission Release:

I (we) _____ give permission for _____ to
(Print parent name) (Print student name)
participate in the Vaughn College Science Technology Entry Program (STEP).

This form grants permission for the following:

- Collect school reports e.g. transcripts and standardized test scores
- Share student name and contact information with other CSTEP programs and college/university admissions offices
- Field trips to conferences, colleges/universities, local exhibits and etc.
- Photo release for program promotions

Note all information will be kept confidential.

Parent Signature _____ **Date** ____/____/____

VII. Student Questionnaire

1. Tell us about yourself and why you are interested in being part of STEP.

2. What subject areas do you need the most help with?

3. Please List all extracurricular activities.

A. _____ B. _____
C. _____ D. _____

4. What are your future career goals?

Additional Information:

VIII. Medical Release

You do *not* need to go to the doctor to complete this form.

- 1. Present medical problems, disabilities or conditions you feel the STEP staff should be aware of. If a medical problem exists, what assistance would you need from the STEP staff?

- 2. **Medications taken regularly:** *If your child takes prescription medications that will be needed during the program, please complete the section below and sign. All medications should be in an original marked container including student’s name, medication name, and dispensing directions.*

Medication	Dosage	Purpose

_____ **Does Not Apply**

- 3. Allergies (*including allergies to medications*):

- 4. Limitations on physical activities:

- 5. Do you give STEP consent to dispense over the counter medications? Yes ___ No ___

Medical Release

I do___ I do not ___ hereby grant permission to STEP, or the authorized representative, to furnish first aid as my child (named above) may require, as well as to seek medical attention through the nearest medical facilities such as those provided on campus and those medical facilities available when students are on field trips and other authorized activities. This permission is conditioned upon the understanding that, in the event of serious illness or the need for hospitalization and/or major surgery, the authorized representative will use all reasonable efforts to contact me. Failure to authorize, however, will not prevent the STEP representative from providing such emergency treatment from being administered as it may be necessary and in the best interest to sustain the life of my child.

Parent Signature_____

Date ___/___/___

IX. Emergency Contact Information Sheet

Emergency Contact # 1

Name _____

Relation to Student

Home phone: _____

Work phone: _____

Cell phone: _____

Emergency Contact # 2

Name _____

Relation to Student

Home phone: _____

Work phone: _____

Cell phone: _____

I, _____ hereby give the above mentioned names permission to have responsibility of my child should an emergency arise and I am not available.

Parent Signature _____

Date ____/____/____

