The Le Moyne Science and Technology Entry Program (STEP) provides students with services that are designed to improve and support the student’s current academic performance, and prepare students to enter STEM (Science, Technology, Engineering, Math) careers and/or fields which require professional licensure within New York State.



**LE MOYNE COLLEGE SCIENCE AND TECHNOLOGY**

**ENTRY PROGRAM**

**2018-2019 APPLICATION**

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| **Disclaimer:**  **Are you in LPP? If yes, which one: \_\_ Le Moyne LPP \_\_ OCC LPP \_\_ SU LPP**  **Are you in SU STEP? \_\_\_Yes \_\_\_No**  **You can only be in one opportunity program at a time. If you are applying for Le Moyne College STEP Program, you must determine the program that best meet your needs.**  **Please answer these two questions:**  **1. Is your current GPA 80% or above? \_\_\_ Yes \_\_\_ No**  **2. Are you interested in STEM fields or licensed professions? \_\_\_Yes \_\_\_ No** |

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| **STUDENT INFORMATION (PLEASE PRINT and ANSWER ALL FIELDS) DATE**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Name:** (First, Last) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Social Security # (last four)\_\_\_\_\_\_\_\_\_\_\_\_\_  DOB (mm/dd/yyyy)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Male \_\_\_\_\_ Female\_\_\_\_\_ Country of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  U.S. Citizen: Yes \_\_\_ No\_\_\_ Permanent Resident: Yes\_\_\_ No\_\_\_ (Provide ID # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)  How many years do you live in New York State? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **School:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade Level \_\_ 7th \_\_ 8th \_\_ 9th \_\_ 10th \_\_ 11th \_\_ 12th  Student ID\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Current GPA \_\_\_\_\_\_\_\_\_\_\_**YOU MUST PROVIDE A COPY OF YOUR TRANSCRIPT** |

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| **Ethnicity:**  \_\_\_\_ African American/Black \_\_\_\_Native American/Alaskan Native \_\_\_\_Hispanic/Latino  **\_\_\_\_White/Caucasian \_\_\_\_Asian/Pacific Islander** |

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| **Documents required if you are a White/Caucasian or an Asian/Pacific Islander (per State Mandate):**   1. **Do you receive Reduced or Free Lunch? \_\_\_Yes \_\_\_** **No**   If you answered Yes, please provide a print out from your School Guidance Counselor  If you answered No, please provide a copy of your parent(s) last tax return for family income verification   1. Please answer: Family size \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Household income: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Student Address:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Home Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Email** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Length of residence in New York State \_\_\_\_\_\_\_\_\_\_\_ | |

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| **PARENT/GUARDIAN INFORMATION**  Parent/guardian name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Parent/guardian Address (if different from student) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Parent/guardian phone number(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Parent/guardian email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Emergency contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship to Student\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Student Signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**For STEP Office Use Only**

Student NY State ID # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Application verified by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**A Le Moyne College STEP Student MUST:**

* Maintain an overall GPA of 80% or above;
* Maintain a GPA of 80% in all Regents Math and Science courses;
* Try to earn an Advanced Regent’s Diploma;
* Attend a minimum of 2 after school tutoring/mentoring per week;
* Attend, at least 2 Saturday STEM Academy per month;
* Participate in at least 1 monthly academic advising session;
* Provide a copy of the transcript for every marking period;
* Arrive on time and dress appropriately for all STEP activities;
* Be involved in the STEP promoted activities such field trips, community services and others;
* Respect yourself, your peers, STEP Staff and our guests at all times.

**Please return completed application with supporting documents to the STEP Office at your school (if enrolled at Henninger , Library or Nottingham, Room I-40 behind the cafeteria.**

Or mail to

**Dr. Darshini Roopnarine**

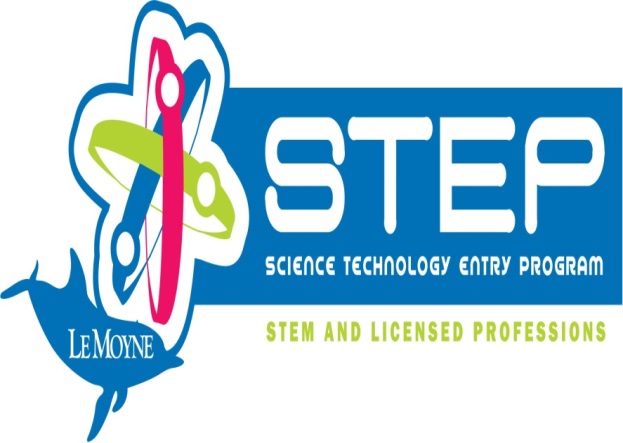
**CSTEP & STEP Program Director**

**1419 Salt Springs Road, Romero Hall, 1st Floor**

**Syracuse, NY 13214**

[**roopnatd@lemoyne.edu**](mailto:roopnatd@lemoyne.edu)

**315-445-4584 (phone); 315-445-6068 (fax)**



**Le Moyne College STEP** **Student Agreement Form**

I, (student name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_a student at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School, agree to participate in the Science and Technology Entry Program (STEP) sponsored by Le Moyne College. I understand that the purpose of the STEP program is to help me develop my academic skills and explore professional careers in Science, Technology, Engineering, Math (STEM) and Licensed professions. I also realize that other support services (SAT and Regents exam prep, advising, mentoring, job shadows, College Success Seminars and STEM Academy enrichment activities) will be offered to me.

1. I agree to maintain a **grade point average of 80 % in all of my Regents Math and Science courses and an overall grade point average of 80%** throughout my high school career. I also understand that the STEP program expects me to try to earn an **Advanced Regent’s Diploma**.
2. I agree to take Regents-level Math and Science courses throughout my four years of high school to prepare myself to enter college and STEM-related or other licensed careers. **I will provide a copy of my grades, every marking period, to the Le Moyne College STEP program.**
3. I agree to participate in **at least one monthly academic advising session** with STEP staff, to participate in **tutoring/mentoring two or more times per week** and to attend **College Success Seminars and/or STEM Academy activities two or more times a month.**
4. I agree to **respect myself, my peers, and the STEP staff at all times**. In addition, I agree to arrive on time and dress appropriately for all STEP activities.
5. **I understand that I can be put on probation or dismissed from the program for failing to maintain STEP academic requirements, for violating the STEP behavioral expectations or for not fulfilling STEP program obligations.**

My signature and that of my parent/guardian constitute an agreement between us and the Le Moyne College Science and Technology Entry Program. **I have read this document and understand my responsibilities.**

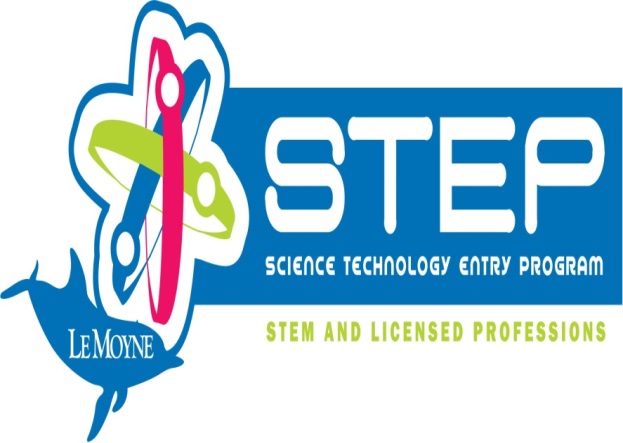
**Student Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Media Release (Sign if you agree)**

I grant permission for my student’s photograph, whether still, motion, digital or television, writings, and/or recordings of his or her voice taken during the course of the program to be used in future STEP publications and promotions.

**Parent/Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**



**Le Moyne College STEP General Field Trip/Special Event Parental Permission**

**All Information is Confidential**

**Student Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Home Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**I give permission for my SON/DAUGHTER,** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**To participate in all Le Moyne College Science and Technology Entry Program (STEP) field trips and activities (both in school and off school campus).**

**I also give permission to the STEP staff to transport and to arrange for medical attention in case of a medical emergency.**

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| **Insurance Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Policy Number** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Policyholder:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Please list any illnesses that we should be aware of.** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **Parent/Guardian Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Phone Numbers:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Alternate Contact Person in case of Emergency:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Relationship to Student:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

***Note: This form will be supplemented by separate permission forms for individual events/activities as required***.