

CSTEP Application for Admission

PART 1: PERSONAL

Name: _____ SSN: _____ - _____ - _____
Last Name First Name M.I.

Local Address: _____ Phone: () -
Street City State Zip Code

Home Address: _____ Phone: () -
Street City State Zip Code

Email: _____ Banner # _____

Citizenship: _____ NOTE: If not a U.S. citizen, please attach a copy of your green card to this application.

Are you a permanent resident of New York State? Yes No

Date of Birth: ____/____/____ Gender: M F Other _____

Race: Black American Indian/Alaskan Native Native Hawaiian White Other: _____

Ethnicity: Hispanic/Latinx Not Hispanic/Latinx

What academic programs did/do you participate in? STEP Upward Bound EOP MCNAIR HONORS

PART 2: ACADEMIC DATA

Class: FRESHMAN SOPHOMORE JUNIOR SENIOR Intended graduation: Month____ Year____

Declared Major(s) _____ Overall GPA: _____

Possible CSTEP Mentor: _____

Did you attend a Community College? Yes No If so, which one? _____

PART 3: STATEMENT OF PURPOSE

Respond to the following statement with a 1-page essay, typed and double-spaced:

I will benefit from CSTEP because...

PART 4: ELIGIBILITY

Student Eligibility: The CSTEP Program is designed for New York State residents who belong to groups historically underrepresented in scientific, technical, health-related, or licensed professions or who are economically disadvantaged, and who demonstrate interest in, and potential for, a CSTEP-targeted profession. CSTEP students must be enrolled full-time and be in good academic standing in an approved scientific, technical, health-related, pre-professional, or professional undergraduate or graduate program of study.

You must be:

- A New York state resident who is a US Citizen or Permanent Resident
- Matriculated full time College at Brockport student with a 2.25 GPA or better
- Pursuing a career in math, science, technology, health related fields, social work, psychology or any field that requires licensure by the State of New York
- Black, Hispanic/Latinx, American Indian or Alaskan native **OR** economically disadvantaged.

One letter of recommendation is required for admission to the program. Please list the name of your potential mentor and ask them to forward the Reference Form to the address at the bottom of this document.

PART 5: CERTIFICATION STATEMENT

All of the information on this form is true and complete to the best of my knowledge. I authorize CSTEP to secure the financial and academic information necessary to determine my eligibility and otherwise administer the program. If selected, I agree to participate fully in the Collegiate Science and Technology Entry Program at The College at Brockport.

Signature

Date

Application material and questions should be directed to:

Barbara Thompson, Project Director

Collegiate Science and Technology Entry Program

Cooper Hall C-18

Brockport, New York 14420-2943

Phone: 585-395-2367 Fax: 585- 395-5410 Email: bthompso@brockport.edu

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