

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

Parent/Guardian Name: _____ Phone: () -
Last Name First Name

Address: _____
Street City State Zip Code

Email: _____

Country of Birth: _____ 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

Please circle your ethnicity: African American (includes all individuals of African descent) Alaskan Native
Asian/Pacific Islander Hispanic/Latino Native American White Other:

What academic services programs did/do you participate in? STEP SSSP EOP TOC MCNAIR HONORS

PART 2: ACADEMIC DATA

Please circle one: FRESHMAN SOPHOMORE JUNIOR SENIOR Intended graduation: Month ___ Year ___

Declared Major(s) _____ Overall GPA: _____

Possible CSTEP Mentor: _____

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

Please circle all that apply:

Are you: Matriculated/Full Time SUNY BROCKPORT Student with a 2.25 GPA or better?

Are you: (1) economically eligible- your family’s annual income does not exceed the following:

No. of members in Household	Total Individual Annual Income	Total Multiple Earner or Single-Parent Annual Income
1	15,140	20,390
2	20,390	25,640
3	25,650	30,900
4	30,900	36,150
5	36,150	41,400
6	41,410	46,660
7	46,660	51,900

(2) OR a member of a historically underrepresented population who is pursuing a career in math, science, technology, law, the health related fields, social work, psychology, or any field that requires licensure by the State of New York.

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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