



Science and Technology Entry Program (STEP)

The University of Rochester School of Medicine and Dentistry (URSMD) is a collaborating institution in the Associated Medical Schools of New York's (AMSNY) State Department of Education funded Science and Technology Entry Program (STEP). STEP is designed to increase the numbers of candidates from underrepresented and economically disadvantaged groups (see the **NYS Department of Education eligibility guidelines**) in the educational pipeline leading to careers in the health professions, biomedical sciences and technical fields.

Twenty participants will be recruited to participate in the URSMD four-week, one hundred and twenty hour STEP Phase I summer program. The STEP Phase I summer component is designed to strengthen the problem-solving, test-taking, conceptual processing and computations skills of the participants. The program's developmental approach places emphasis on increasing skill development, tied to core learning objectives. STEP students have the opportunity to work with physicians, technical staff, medical and graduate students.

SELECTION CRITERIA:

- Member of a groups historically *underrepresented in scientific, technical, health related, and licensed professions

OR

- **Economically Disadvantaged
- New York State Resident (including permanent resident aliens)
- Entering Grades 8 through 12
- Maintaining a GPA of 2.8 average or better.
- Personal statement describing interest in science and/or health professions
- Letters of recommendation

***NYS** State Department of Education underrepresented groups include: **Black/African/African American Hispanic/Latino/a; and Native American/Indian**

*****NYS** State Department of Education requires Economically Disadvantaged candidates to document financial status

Important Program Dates and Information:

Student/Parent Orientation: Tuesday, June 26, 2012

Mandatory Program Dates: Monday, July 9 – Friday, August 3, 2012

Mandatory Time Commitment: Mon. – Fri. 9:00am-3:00pm

Final Presentation: To Be Determined

Application Deadline: **All application materials must be received by: Friday, February 10, 2012**

Note: The 2012 Program is contingent upon funding from the NYS DOE

Support for the development and production of this material was provided by a grant under the Science and Technology Entry Program administered by the New York State Education Department.

Updated 10/4/2011



STEP APPLICATION CHECKLIST

- Completed Application**
- Signed Parent/Student Agreement**
- Three letters of recommendation (*use provided recommendation forms*)**
 - 1. Science teacher recommendation**
 - 2. Math Teacher recommendation**
 - 3. Professional/Character Recommendation - Individual who knows you and can describe your character, motivation and commitment to participate in the program. PLEASE DO NOT USE FAMILY MEMBERS.**
- Personal Essay (*use provided sheet or enclose a separate sheet*).**
- Official transcript from your school.**

Return to:

The Center for Advocacy, Community Health,
Education and Diversity (CACHED)
University of Rochester School of Medicine and Dentistry
ATTN: Cameron Lewis
601 Elmwood Avenue, Box 601
Rochester, NY 14642

Telephone: 585-275-2928 --Fax: 585-273-1016
E-mail: cameron_lewis@urmc.rochester.edu

PLEASE RETURN NO LATER THAN: February 10, 2012

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ASSOCIATED MEDICAL SCHOOLS OF NEW YORK
Science and Technology Entry Program (STEP) Application
(Please type or print in ink)

Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Home Telephone: (____) ____ - _____ E-mail Address (required): _____

Date of Birth: _____ Gender: Male Female

Are you a NY State Resident: Yes No If yes, which County do you reside: _____

U.S. Citizen: Yes No Permanent Resident: Yes No Visa Type: _____

Place of Birth: _____

ETHNICITY (check all that apply)

- Asian/Pacific Islander
- Black/African/African American
- White/Caucasian
- Hispanic / Latino /a
- Native American Indian

ECONOMICALLY DISADVANTAGED No Yes (if yes, verification needed- submit copy of parent's W2)

FAMILY DATA

Name of Parent(s)/Guardian(s): _____

Address (If different from applicants): _____

City: _____ State: _____ Zip: _____

Telephone: () _____ Email Address(required): _____

SCHOOL INFORMATION (All applicants must submit their most recent transcript).

Name of School: _____

School Address: _____

Counselor's Name: _____

Present Grade Level: _____ Grade Point Average: _____

Anticipated Graduation Date: _____ Are you a returning STEP student? Yes No

If yes, please specify program year(s) _____ Are you in a Regents Curriculum? Yes No

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Academic Data/Awards & Accomplishments

Please indicate if you have taken any of the courses or exams below. (All applicants must submit their most recent transcript or grade report).

Mathematics	Yes	No	Exam Score
Mathematics A			
Mathematics B			
Sequential Math Course I			
Sequential Math Course II			
Sequential Math Course III			
Pre calculus			
Calculus			
AP Calculus			

Science	Yes	No	Exam Score
Regents Earth Science			
Regents Biology			
Regents Chemistry			
Regents Physics			
AP Chemistry			
AP Biology			
AP Physics			

If you have taken any achievement tests, list your scores below:

PSAT Scores: Verbal _____ Math _____ Writing _____

SAT Scores: Verbal _____ Math _____ Writing _____

ACT Scores: Reading _____ English _____ Math _____ Science _____ Writing _____

Please list any awards, achievements, participation in competitions, or conference presentations that you have received. _____

Please list extra-curricular activities that you are presently involved (after -school, sports, volunteer and youth groups): _____

Are you an Urban League Black Scholar? Yes No

Please list individuals you have requested letters of recommendation (One from a current science and one math teacher and the third should be from a person who knows you and can describe your character, motivation and commitment to participate in the program. PLEASE DO NOT USE FAMILY MEMBERS.

1. Science Teacher's Name: _____

2. Math Teacher's Name: _____

3. Name/Relationship: _____

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PARENT / STUDENT AGREEMENT

Participants are expected to attend ALL scheduled events and continue to demonstrate an attitude that reflects a serious commitment to the program. Those who are tardy/absent, exhibit inappropriate behavior, and/or do not adhere to the guidelines of the program will be dismissed. Participants are expected to participate in a final presentation.

If selected for STEP and accept the offer of admission, I _____, agree
Name of Student

to participate in the Science and Technology Entry Program (STEP) at the University of Rochester School of Medicine and Dentistry. As a participant, I will attend activities as scheduled, and I will be on time for all activities. I understand that my signature on this document constitutes an agreement between me and the University of Rochester School of Medicine and Dentistry.

Student Signature: _____ Date: _____

I, (we) _____ give permission to _____
Name of Parent(s)/Guardian(s) Name of Student

to participate in the Science and Technology Entry Program (STEP) at the University of Rochester School of Medicine and Dentistry. I, (we) authorize the University of Rochester to obtain and review school records. I, (we) understand that all information will be kept confidential.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

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SCIENCE TEACHER RECOMMENDATION

SCIENCE AND TECHNOLOGY ENTRY PROGRAM (STEP)

APPLICANT MUST COMPLETE THIS SECTION:

Name of Applicant _____

If you agree to waive your right under the Family Education Rights and Privacy Act of 1974 to review specific and composite letters of recommendation, please sign here:

Applicant's Signature: _____

Date _____

RECOMMENDER MUST COMPLETE THIS SECTION:

Recommender Name _____

Name of School _____ E-mail Address _____

Phone () _____ Recommender Signature _____ Date _____

How long have you known the applicant? _____ In what Capacity? _____

How would you rate the applicant as a student? Among the very best Top 5% Top 10% Average Below Average

Please attach sheet or use the space below for comments regarding the applicant's strengths, class participation, talents and interest in science and/or health professions.



SCHOOL OF
**MEDICINE &
DENTISTRY**
UNIVERSITY OF ROCHESTER
MEDICAL CENTER

Recommendation may be submitted separately to:

ATTN: Cameron Lewis; 601 Elmwood Avenue,
Box 601; Rochester, NY 14642
Telephone: 585-275-2928
Alternate Phone: 585-275-2175
Fax: 585-273-1016
email:
cameron_lewis@urmc.rochester.edu
alternate email:
catrina_rockwell@urmc.rochester.edu

MATH TEACHER RECOMMENDATION

SCIENCE AND TECHNOLOGY ENTRY PROGRAM (STEP)



Applicant must complete this section:

Name of Applicant _____

If you agree to waive your right under the Family Education Rights and Privacy Act of 1974 to review specific and composite letters of recommendation, please sign here:

Applicant's Signature _____

Date _____

Recommendation may be submitted separately to:

ATTN: Cameron Lewis; 601 Elmwood Avenue,
Box 601; Rochester, NY 14642
Telephone: 585-275-2928
Alternate Phone: 585-275-2175
Fax: 585-273-1016
email:
cameron_lewis@urmc.rochester.edu
alternate email:
catrina_rockwell@urmc.rochester.edu

RECOMMENDER MUST COMPLETE THIS SECTION:

Recommender Name _____

Name of School _____ E-mail Address _____

Phone () _____ Recommender Signature _____ Date _____

How long have you known the applicant? _____ In what Capacity? _____

How would you rate the applicant as a student? Among the very best Top 5% Top 10% Average Below Average

Please attach sheet or use the space below for comments regarding the applicant's strengths, class participation, talents and interest in science and/or health professions.

PROFESSIONAL/CHARACTER RECOMMENDATION
PLEASE DO NOT USE FAMILY MEMBERS.

SCIENCE AND TECHNOLOGY ENTRY PROGRAM (STEP)



Applicant must complete this section:

Name of Applicant: _____

If you agree to waive your right under the Family Education Rights and Privacy Act of 1974 to review specific and composite letters of recommendation, please sign here:

Applicant's Signature _____

Date _____

RECOMMENDER MUST COMPLETE THIS SECTION:

Recommender Name _____

Institution or place of employment _____

E-mail Address _____ Phone () _____

Recommender Signature _____ Date _____

How long have you known the applicant? _____ In what Capacity? _____

How would you rate the applicant as a student? Among the very best Top 5% Top 10% Average Below Average

Please attach sheet or use the space below for comments regarding the applicant's strengths, class participation, talents and interest in science and/or health professions.

Recommendation may be submitted separately to:
ATTN: Cameron Lewis; 601 Elmwood Avenue, Box 601; Rochester, NY 14642
Telephone: 585-275-2928
Alternate Phone: 585-275-2175
Fax: 585-273-1016
Email:
cameron_lewis@urmc.rochester.edu
Alternate email:
catrina_rockwell@urmc.rochester.edu

PERSONAL ESSAY

Please attach and/or use the space below to **TYPE** a statement describing your reasons for your interest in this Program. Include any special areas of interest you may have as well as experiences and course work you have had in science and health-related fields.

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