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
- **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
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  ☐ Hispanic / Latino /a
☐ Black/African/African American ☐ Native American Indian
☐ White/Caucasian

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).

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<thead>
<tr>
<th>Mathematics</th>
<th>Yes</th>
<th>No</th>
<th>Exam Score</th>
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<td>Mathematics A</td>
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<td>Mathematics B</td>
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<td>AP Calculus</td>
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<tr>
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<td>AP Chemistry</td>
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<td>AP Physics</td>
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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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Updated 10/4/2011
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.

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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

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Updated 10/4/2011
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 __________________

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.

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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.