

APPLICATION FORM

North Country Science & Technology Entry Program (NCSTEP)

Name: _____ Sex: _____ M _____ F

Mailing Address: _____ Telephone: (____) ____ - _____

City: _____ State: _____ Zip: _____ Grade: _____

Social Security #: _____ - _____ - _____ Date of Birth: _____

NYS Resident: _____ Y _____ N Reservation Resident: _____ Y _____ N

School Name: _____

Guidance Counselor: _____

Ethnicity: _____ Native American _____ White

_____ Black _____ Hispanic

_____ Alaskan Native _____ Other

Parent(s) Name: _____ Telephone: (____) ____ - _____

Work Phone: (____) ____ - _____

Cell Phone: (____) ____ - _____

Guardian (if applicable): _____

Home Address: _____

City: _____ State: _____ Zip: _____

Student Signature _____ Date _____

This form may be printed out and used as an actual application form.

It may be mailed to:

NCSTEP

SUNY Potsdam

236 Sisson Hall

Potsdam, NY 13676

Family Income Information Form

Please fill out the following if your entrance to NCSTEP is based on income. Because our program uses state funds, we must follow their guidelines in reporting whom we serve. The information that you provide will be kept strictly confidential and will be used only by our staff to determine eligibility.

Whom does your son/daughter live with? _____

Did you file a federal tax return last year? _____

Family income: _____ Number in household: _____

Occupation: Mother _____ Father _____

If you received benefits or nontaxable household income last year, please give the monthly amount and case number if known:

	Monthly Amount	Case No. or Filers SS#
Social Security Benefits		
Veterans Benefits		
Public Assistance		
Worker's Comp.		
Disability		
Unemployment		
Other:		

I certify that the family and financial information is true, correct, and complete to the best of my knowledge. I hereby authorize the NCSTEP program:

- 1) to obtain copies of my son's/daughter's transcripts, grade reports, standardized test scores, pertinent medical records, etc. for as long as my son/daughter participates in the program.
- 2) to obtain last year's income information from the above indicated source(s), if needed.
- 3) to provide in-school academic support services and career counseling in order to assist and encourage my son/daughter with choices regarding higher education.
- 4) during STEP education program experiences, photographs and video tape footage will be taken to document the program for educational and media purposes. This footage would then be used to share the activities and results of the program.

Student's Name (Print): _____

Parent/Guardian Signature: _____ Date: _____