

Application Form

North Country Science & Technology Entry Program (NCSTEP)

44 Pierrepont Avenue, 236 Sisson Hall
State University of New York at Potsdam
Potsdam, NY 13676
Phone: 315-267-2622
Fax: 315-267-3343

Name: _____ Sex: ___M ___F

Mailing Address: _____ Telephone: (____)_____

_____ Grade: _____

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

NYS Resident: ___Y ___N Reservation Resident: ___Y ___N

School Name: _____ Student Email: _____

*(for sending Permission Forms
& Updates on Activities)*

Guidance Counselor: _____

Ethnicity: ___ Native American ___ White ___ Asian
___ African-American ___ Hispanic/Latino ___ Alaskan Native
___ Other: _____

Parent(s) Name: _____ Email: _____
Home Phone: (____)_____

Son/Daughter lives with and Relationship? (print) _____

Guardian: _____ Cell Parent: (____)_____
(if applicable) Work Phone: (____)_____
Cell Student: (____)_____

Home address: _____

Student Signature

Date

Over

