STEP
The Science & Technology Entry Program
Barnard College
Barnard STEP Overview

The Barnard College Science and Technology Entry Program (STEP) offers an exciting and rigorous academic enrichment program designed to assist 7th – 12th grade students acquire the skills and knowledge necessary to pursue post-secondary education leading to careers in scientific, technical or health-related fields, or the licensed professions. STEP seeks to increase the representation of historically underrepresented or economically disadvantaged students in those fields.

STEP Programs and Services:

Barnard STEP offers a number of academic and career oriented programs and services. These are subject to change by term and summer.

- **Tutorials and Study Groups:** Students receive individual and group tutorials in all subjects.
- **STEM Enrichment Class:** Advanced work in mathematics, science, English, and computer science.
- **Research:** Opportunities to conduct scientific research and present findings to parents and a panel of experts.
- **College Counseling and Support:** PSAT and SAT prep; financial aid advising, admissions support
- **Career Activities:** Guest speakers, field trips, career testing, and conferences.

STEM Careers

Barnard STEP supports students interested in pursuing careers in scientific, technical, or health-related fields, or licensure professions, such as those listed below. While the program helps students acquire the skills and knowledge needed to pursue such professions, it may not provide in-depth exploration into all of them.

- Acupuncture
- Architecture
- Athletic Training
- Audiology
- Certified Shorthand Reporting
- Chiropractic
- Clinical Laboratory Practitioners
- Dentistry
- Dietetics-Nutrition
- Engineering
- Interior Design
- Land Surveying
- Landscape Architecture
- Massage Therapy
- Medical Physics
- Medicine
- Mental Health Practitioners
- Midwifery
- Nursing
- Occupational Therapy
- Ophthalmic Dispensing
- Optometry
- Pharmacy
- Physical Therapy
- Podiatry
- Psychology
- Public Accountancy
- Respiratory Therapy
- Social Work
- Speech-Language Pathology
- Veterinary Medicine
New Student Application Checklist

Please make sure to provide:

- Completed application with dates and signatures (Pages 4 - 8)
- Income Documentation (Family’s current federal income tax form 1040, 1040A, or 1040EZ)
- Student Academic Profile (School official/student’s counselor must complete)
- Transcript (Most recent official or unofficial with standardized test scores if available)

No student will be admitted to STEP without submitting a COMPLETED application form, current transcript/progress report, income documentation, and student academic profile.

Program Eligibility Requirements

To be eligible for Barnard STEP, a student must:

- Be a New York State resident in grade 7th – 12th
- Have an interest in scientific, technical, health, or licensed profession (see list of STEM careers)
- Identify as African American/Black, Latino/Hispanic, Native American, or Alaskan American OR
- Meet the State of New York’s established income eligibility requirement for STEP. The student’s household income must be equal to or less than the income level indicated below.

<table>
<thead>
<tr>
<th>Number of Household Dependents</th>
<th>2018 – 2019 Eligible Income</th>
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<tbody>
<tr>
<td>1</td>
<td>$22,311</td>
</tr>
<tr>
<td>2</td>
<td>$30,044</td>
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<tr>
<td>3</td>
<td>$37,777</td>
</tr>
<tr>
<td>4</td>
<td>$45,510</td>
</tr>
<tr>
<td>5</td>
<td>$53,243</td>
</tr>
<tr>
<td>6</td>
<td>$60,976</td>
</tr>
<tr>
<td>7</td>
<td>$68,709</td>
</tr>
<tr>
<td>8</td>
<td>$76,442</td>
</tr>
</tbody>
</table>

Add $7,733 for each family member in excess of 8

Program Calendar

The program is year-round, but the type of programming may vary by term. Fall 2018 program will occur weekdays afterschool between 3pm – 6pm and go from October 8th – November 16th.

Contact Information

Call the Barnard STEP office at 212-854-1314 or email at step@barnard.edu.

Please fax application to 212-280-8795 with Attn: STEP Admissions Committee; or mail/drop off to: Room 5, Milbank Hall, Barnard College, 3009 Broadway New York, NY 10027

APPLICATION DEADLINE: Monday, September 24th 2018
Student Information:

Full name: ____________________________________________
   Last    First      MI

Mailing address: ______________________________________
   Street Address    City    State    Zip Code

Cell phone number: ____________________________
   Evening phone number: ____________________________

Email address: ____________________________
   Other email: ____________________________

Date of birth: _____ / _____ / ________
   Age: ________
   Gender: Male    Female

Source of referral (how did you learn about Barnard STEP):

New York State resident: Yes    No
   If yes, since when? ______
   Last 4 digits of SSN: _________

Ethnicity: African American/Black    Alaskan Native    Asian/Pacific Islander*
   Latino/Hispanic    Native American    Caucasian*
   Other: ____________________________

*Financial Information: If the student is not African American/Black, Latino/Hispanic, Native American, or Alaskan Native, please review the household income eligibility requirements on the previous page and provide a copy of the most recent income tax returns (federal income tax form 1040, 1040A, or 104EZ)

Parent/Guardian Information:

Parent/Guardian 1:

Full name: ____________________________________________
   Last    First      MI

Cell phone number: ____________________________
   Work phone number: ____________________________

Email address: ______________________________________

Parent/Guardian 2:

Full name: ____________________________________________
   Last    First      MI

Cell phone number: ____________________________
   Work phone number: ____________________________

Email address: ______________________________________
School Information:

Full name of school: ____________________________________________________________

School address: _______________________________________________________________

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
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</table>

Grade (2018-19): 7th  8th  9th  10th  11th  12th  Counselor’s name: __________________________

Student ID#: __________________________  Grade point average (GPA): ______________________

Career interest(s): _________________________________________________________________

8th graders: high school you plan to attend: ____________________________________________

Are you currently enrolled in another academic or enrichment program:  Yes  No

If yes, which one(s): _______________________________________________________________

Do you have an IEP or 504? (Individual Education Program):  Yes  No

If yes, what for: ___________________________________________________________________

Do you receive or are eligible for free or reduced lunch:  Yes  No

Do you currently have or anticipate having after-school commitments (work, clubs, sports, etc.):  Yes  No

If yes, please describe:

<table>
<thead>
<tr>
<th>Name of Commitment (Track and Field)</th>
<th>Time Period (Jan - March)</th>
<th>Days of the Week (Mon - Thurs)</th>
<th>Schedule (3:30pm – 5pm)</th>
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STEP offers different academic and career-oriented activities and support. Indicate your level of interest:

<table>
<thead>
<tr>
<th>Activity</th>
<th>Not Interested</th>
<th>Somewhat Interested</th>
<th>Interested</th>
<th>Very Interested</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tutoring and counseling</td>
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<tr>
<td>STEM enrichment classes</td>
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<tr>
<td>Research</td>
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<tr>
<td>College counseling and support</td>
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<tr>
<td>Career activities</td>
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</tbody>
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STUDENT AGREEMENT

I, ________________________________, agree to participate in the Science and Technology Entry Program (STEP) at Barnard College. As a participant, I will attend the activities as scheduled, I will arrive on time, and I will put forth my best effort as a participant. I understand that the overall goal of the program is to assist me in my pursuit of academic excellence. I expect STEP to provide me with support to prepare me for admission to a college/university, and a career in a math, science, technology, or health-related field and/or the licensed-professions. I understand that my signature on this document constitutes an agreement between me, my parent/guardian, and Barnard College STEP.

__________________________________________
Student signature

________________________
Date

PARENT/GUARDIAN AGREEMENT

I, ________________________________, give permission for my son/daughter
(Print parent/guardian’s name)

__________________________________________
(Print student’s name)

I, ________________________________, to participate in the Science and Technology Entry Program (STEP) at Barnard College. As a parent, I will attend activities as scheduled. I also authorize the administrative staff of Barnard College STEP access to my child’s school records. I understand that this information will be kept confidential. I understand that the overall goal of the program is to assist my child in the pursuit of academic excellence. I expect STEP to provide my child with support to prepare him/her for admission to a college/university, and a career in a math, science, technology, or health-related field and/or the licensed-professions. I understand that my signature on this document constitutes an agreement between me, my child, and Barnard College STEP.

__________________________________________
Parent signature

________________________
Date
MEDIA AND PICTURES AGREEMENT

Please be aware that photographers and media representatives may be present during program activities and special events, both on and off campus. In some cases, they may photograph, interview, or video students who participate in these activities and events. The resulting images may be used for purposes of the program to promote STEP in printed and electronic media, such as brochures, flyers, newsletters, and websites. I understand my child may be photographed, interviewed, or video recorded during program activities and give my permission for my child to be a participant for the purposes of STEP.

_______________________________________________
Parent signature

_______________________________________________
Date

MEDICAL TREATMENT AUTHORIZATION FORM

In consideration of my child being permitted to participate in the Barnard’s College Science and Technology Entry Program (STEP), I hereby authorize emergency medical treatment for my child, ____________________, (Student’s name) if illness or injury should occur during my child’s participation. I understand that Barnard College will make a reasonable attempt to contact me prior to such medical treatment. In addition, I agree to hold harmless and indemnify Barnard College, its officers and employees, against any and all claims and damages, which relate in any manner to medical treatment of my child. I also understand that I am responsible for any and all costs incurred in the providing of this medical treatment.

_______________________________________________
Student signature

_______________________________________________
Date

_______________________________________________
Parent signature

_______________________________________________
Date

Please indicate primary emergency contact number during programming:

Contact person: __________________________________ Relationship: ________________________________

Cell phone number: ____________________________ Other phone number: ____________________________

Important Note:
Barnard STEP staff is not permitted to dispense any medication to student participants. The STEP Director must be advised by the parent, in advance, if their child has a need to take medication during the course of the program day. This information will be kept confidential.
Student Academic Profile
(To be completed by School Official/School Counselor)

Student’s full name: ____________________________________________ Current grade: _______________

Name of school: ______________________________________________________________________________________

Class: ____________________ Advisor/Counselor: _____________________________________________________________

Overall GPA: ___________ Overall math average: __________ Overall science average: __________

School Profile:

Grade levels served: ____________________ School senate district: ____________________________

Percentage of minority composition of student body: _______________________________________________________

Is the student eligible for free/reduced price lunch through the USDA Income Eligibility Guidelines:   Yes   No

Please provide the following documents:

  Transcript: copy of official or unofficial transcript with all available standardized test scores

  Course Schedule: copy of student’s current term courses

School office printed name: ____________________________ Title: ____________________________

School official signature: ____________________________ Date: ____________________________

Please fax to 212-280-8795 or mail/drop off to:
Attn: Admissions Committee
Science and Technology Entry Program
Room 5, Milbank Hall
Barnard College
3009 Broadway
New York, NY 10027