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>
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<tr>
<td>2</td>
<td>$30,044</td>
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<tr>
<td>3</td>
<td>$37,777</td>
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<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>
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</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. Spring 2019 program will occur weekdays afterschool between 3pm – 6pm and go from February 4th – March 28th.

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: We are now accepting students for our Spring 2019 session on a rolling basis.
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 1040EZ)

Parent/Guardian Information:

Parent/Guardian 1:
Full name: __________________________________________________________  Relation to student: ____________________________
Last               First               MI
Cell phone number: ____________________________  Work phone number: ____________________________
Email address: ____________________________________________________

Parent/Guardian 2:
Full name: __________________________________________________________  Relation to student: ____________________________
Last               First               MI
Cell phone number: ____________________________  Work phone number: ____________________________
Email address: ____________________________________________________
School Information:

Full name of school: ____________________________________________________________

School address: ________________________________________________________________

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

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

Student ID#: _______________ Grade point average (GPA): ___________ Time school lets out: ___________

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>
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<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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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)

_________________________________________  ___________________________
Parent signature                           Date

I, ____________________________, to participate in the Science and Technology Entry (Print student's name)

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