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

Please make sure to provide:

- Completed application with dates and signatures (Pages 4 - 8)
- 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>
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<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
2018 – 2019 STEP Program
Returning Student Application

Student Full Name: __________________________________________
Last Name __________________________ First Name ________________ MI

Mailing address: ____________________________________________
Street Address ____________________________________________
City __________________________ State __________ Zip Code ______

Cell Phone Number: __________________________ Evening Phone Number: __________________________

Email address: ____________________________________________
Other email: ____________________________________________

Briefly state why you are interested in returning:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Parent/Guardian 1:

Full Name: ____________________________________________
Last Name __________________________ First Name ________________ MI

Cell Phone Number: __________________________ Work Phone Number: __________________________

Email address: ____________________________________________

Parent/Guardian 2:

Full Name: ____________________________________________
Last Name __________________________ First Name ________________ MI

Cell Phone Number: __________________________ Work Phone Number: __________________________

Email address: ____________________________________________

Emergency Contact Person: __________________________ Relationship: __________________________

Cell Phone Number: __________________________ Other Phone Number: __________________________

I give my son/daughter permission to participate in 2018 – 2019 Barnard STEP.

Parent Signature: __________________________________________ Date: ______________________
School Information:

Full name of school: _______________________________________________________________________

School address: _______________________________________________________________________

Street Address City State Zip Code

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 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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</tbody>
</table>

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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<td></td>
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<tr>
<td>STEM enrichment classes</td>
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<td></td>
</tr>
<tr>
<td>Research</td>
<td></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>
</table>
Student Full Name: ________________________________

Last    First    MI

**Parent/Guardian Responsibility Form**

Parent/Guardian will assume all responsibilities, including financial, for student’s health concerns while enrolled
in the day programming activities of the Science Technology Entry Program at Barnard College. If your student
is sick or injured while participating in a program, the College will notify you and you will be expected to retrieve
your student.

______________________________    ________________________

Parent signature    Date

______________________________

Print parent name

**Media and Picture Agreement Form**

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

**Special Event/Field Trip Consent Form**

I acknowledge that during his or her enrollment in “Barnard’s STEP Program,” the above named student will
be involved in activities at both on-and off-campus locations including, but not limited to: various sports
activities, trips, outdoor excursions, and outreach programs. I am aware of the risks associated with such
activities and in transportation to and from these activities. In consideration of the above named student being
allowed to participate in such activities, I agree to hold Barnard College harmless against any liability arising
as a result of his or her participation in these activities.

If illness or injury should occur during his or her participation in this activity, I authorize medical treatment at an
appropriate medical facility. I understand Barnard College will make a reasonable attempt to contact me prior
to such medical treatment using the information I have provided on the Emergency Information Form.

______________________________    ________________________

Parent signature    Date
Student Full Name: ____________________________________________

<table>
<thead>
<tr>
<th>Last</th>
<th>First</th>
<th>MI</th>
</tr>
</thead>
</table>

**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: ___________

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