The Science and Technology Entry Program

SPRING APPLICATION DEADLINE: Friday, January 17th, 2020
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.

Program Eligibility Requirements

To be eligible for Barnard STEP, a student must:

- Be a New York State resident in 7th Grade – 12th Grade
- 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. Income tax forms as proof are required.

<table>
<thead>
<tr>
<th>Number of Household Dependents</th>
<th>2019 – 2020 Eligible Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$22,459</td>
</tr>
<tr>
<td>2</td>
<td>$30,451</td>
</tr>
<tr>
<td>3</td>
<td>$38,443</td>
</tr>
<tr>
<td>4</td>
<td>$46,435</td>
</tr>
<tr>
<td>5</td>
<td>$54,427</td>
</tr>
<tr>
<td>6</td>
<td>$62,419</td>
</tr>
<tr>
<td>7</td>
<td>$70,411</td>
</tr>
<tr>
<td>8</td>
<td>$78,403</td>
</tr>
</tbody>
</table>

Add $7,992 for each family member in excess of 8

How to Submit Your Application

If you have any questions, please contact the STEP Office at (212) 854-1314
Email: STEP@Barnard.edu
Fax: (212) 854 - 8294
Mail/Drop off to: Please see below
Attn: Admissions Committee
Science and Technology Entry Program Lefrak 1st Floor, Barnard Hall, Barnard College
New York NY 10027
BARNARD

STEP Spring Program
Barnard College is a great place to be in the! Our Spring 2020 program will run weekdays Monday - Thursday 3:40pm – 5:00pm from February 3rd, 2020 – February 28th, 2020. Our Spring programing follows an after school model that allows students to take part in a variety of academic enrichment classes during the week that are deeply rooted in the STEM fields.

Daily Schedule

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>3:40PM</td>
<td>Arrival</td>
</tr>
<tr>
<td>4:00PM - 5:00PM</td>
<td>STEM Class</td>
</tr>
<tr>
<td>5:00PM</td>
<td>Dismissal</td>
</tr>
</tbody>
</table>

Course Descriptions
The courses offered this Spring are:

- **Environmental Science:**
  This course is for students to not only be introduced to the introductory theoretical and practical pillars of environmental science, but to connect those ideas to greater social issues affecting their communities and society as a whole. This course will cover ecological principles and their application to current global environmental issues, such as climate change, ozone depletion, changes in biodiversity, and energy issues. *(High School students only)*

- **Medicine & Trauma:**
  A course designed to bring something new and exciting to the table every class. Each class session will be individually dedicated to a certain concept/practice/tool in medicine. Potential activities include exploring and practicing the concept of blood pressure, oxygen saturation levels, body temperature; as well as workshop days where students practice treating abrasions, burns, fractures, and lacerations by stitching. Organs such as sheep brains, pig hearts and kidneys can also be brought into individual class sessions for demonstration/exploring purposes. *(Middle School students only)*

- **Bio-physiology:**
  A course that dives into the biology behind the way our bodies function. Topics include the bio-physiology behind vision, figuring out how our neurological / musculoskeletal / respiratory / gastroenterology and endocrine systems work. Each class will include self-experiments pertaining to the biological system in question. *(High School students only)*

- **Environmental Justice:**
  This course will cover projects and experiments based upon sustainability, environmental justice and policy as well as solid waste strategy and diversion. Through hands on experiments and group projects students will actively learn how to question the processes and policies that are put in place today that directly shape how our planet will survive the next 100 years. *(Middle School students only)*
Student Application Checklist

Please make sure to provide:

- Completed application with dates and signatures
- Income Eligibility Documentation (Family’s current federal income tax form 1040, 1040A, or 1040EZ)
  see financial information on Page 2 (If needed)
- Student Academic Profile (School official/counselor must complete)
- Student Program Commitment of Days
- Transcript (Most recent official or unofficial with standardized test scores if available)

The Admissions Committee does not review incomplete applications. Students cannot be accepted into the spring program until all requested/required documents and information have been received.
STEP Program Commitment and Requirements

Accepted students are required to attend at minimum one day a week during one of the designated course offering days for their group. **No more than 2 tardies and 2 absence will be allowed.** We understand emergencies occur, and an absence may be unavoidable due to sickness, family issues, or unforeseen circumstances. All STEP participants must let us know on this application if any days will be missed. Excessive tardiness and/or absences will result in dismissal of the program.

**Middle School Desired Attendance Days:** Select which days / sessions you will attend

<table>
<thead>
<tr>
<th>Middle School Schedule</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
</tr>
</thead>
<tbody>
<tr>
<td>3:40PM - 4:00PM</td>
<td>Arrival</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4:00PM - 5:00PM</td>
<td>Environmental Justice Yes ___ No ___</td>
<td>Medicine &amp; Trauma Yes ___ No ___</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**High School Desired Attendance Days:** Select which days / sessions you will attend

<table>
<thead>
<tr>
<th>High School Schedule</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
</tr>
</thead>
<tbody>
<tr>
<td>3:40PM - 4:00PM</td>
<td>Arrival</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4:00PM - 5:00PM</td>
<td>Bio-physiology Yes ___ No ___</td>
<td>Environmental Science Yes ___ No ___</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Student Information

New STEP Applicant ☐ (Check only if this is your first time applying to STEP)

Continuing STEP Applicant ☐ (Check only if you have previously attended a Barnard STEP semester)

Full name: ____________________________________________

Last Name: ____________________________ First Name: ____________________________ MI: ____________________________

Mailing address: ____________________________________________________________

Street Address: __________________ City: __________ State: __________ Zip Code: __________

Student’s Phone Number: _______________________

Student’s Email address: ____________________________ Other email: ____________________________

Student ID#: ____________________________

Date of Birth: _______________ Age: _______________ Gender: _______________

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

New York State Resident: ☐ Yes ☐ No If yes, since when __________

Ethnicity: ☐ African American/Black ☐ Alaskan Native ☐ Asian/Pacific Islander*

☐ Latino/Hispanic ☐ Native American ☐ Caucasian* ☐ Other: __________________________

*Financial Information: If the student does NOT identify as 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)

Number of Household Members: _______________ Household Annual Income: __________________________

Does the student have any allergies? ☐ Yes ☐ No

If yes, please describe ________________________________________________________________

_________________________________________________________________________________
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: __________________________

Emergency Contact:

Full name: ________________________________ Relation to student: ________________
  Last       First       MI
Cell phone number: _______________________
Work phone number: _______________________
Email address: __________________________
School Information:

Full name of school: ____________________________________________________________

School Address: _______________________________________________________________

Grade (2019-2020): 7th  8th  9th  10th  11th  12th

Counselor’s name: ____________________________

Grade point average (GPA): ________________________________

What time does school dismiss students: ________________________________

What methods of transportation will the student use to arrive at Barnard?

______________________________________________

What methods of transportation will the student use to leave Barnard and return home?

______________________________________________

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 have any food allergies or dietary restrictions? ______________________________

__________________________________________

__________________________________________

Do you currently have or anticipate having other spring commitments during the month of February? (Work, travel, special events, programs, sports, etc.) ☐ Yes ☐ No

If yes, please describe what and when.

____________________________________________________________________________

____________________________________________________________________________

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STUDENT AGREEMENT

I, ________________________________, (Student’s Name) 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 parent/guardian, my Barnard College STEP, and me.

______________________________  ______________________________
Student Signature                  Date

PARENT/GUARDIAN AGREEMENT

I, ________________________________, (Print parent/guardian’s name)

give permission to my son/daughter, ________________________________ 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 child, my Barnard College STEP, and me.

______________________________  ______________________________
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

Special Event/Field Trip Consent Form

I acknowledge that during his or her enrollment in “Barnard’s STEP Summer 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
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, 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.

_________________________________________  __________________________
Parent Signature                                                                 Date

_________________________________________  __________________________
Student Signature                                                                  Date

Please indicate primary emergency contact number during programming:

Contact person:________________________________________

Relationship:________________________________________

Cell phone number:____________________________________

Other phone number:__________________________________
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: Please attach a copy of official or unofficial transcript with all available standardized test scores

☐ Course Schedule: Please attach a copy of student’s current term courses

School office printed name: ___________________________  Title: ______________________

School official signature: _______________________________  Date: ______________

Please email to: STEP@Barnard.edu
Fax: (212) 854 - 8294
Mail/Drop off to: Please see below
Attn: Admissions Committee
Science and Technology Entry Program Lefrak 1st Floor,
Barnard Hall, Barnard College
New York NY 10027