STEP
The Science and Technology Entry Program
BARNARD
COMPLETE APPLICATION CHECKLIST

A new student’s complete STEP application will have:

- Income Documentation.
- Essay.
- Application form totally complete with parental signatures on agreement, authorization, release and permission forms.
- Student Academic Profile form with signature.
- Transcript/Report Card.
- Letter of Recommendation.
- School Profile form with signature.

- STEP at Barnard College admits students in grades 7-12 only (Sixth-grade graduates are eligible for admission to the fall and spring session).
- During registration periods (see below), ONLY completed applications are reviewed and potential candidates and their parent(s)/guardian(s) are contacted for an on-site group information session.
- No student will be admitted to the Science and Technology Entry Program at Barnard College without submitting a COMPLETED admission application form (including social security number, ethnicity, and essay question response), official transcript, current academic report card/progress report, income documentation, and school profile form.
- Registration Periods:

  **Academic Year:**
  - **Fall Term:** Mid-September
  - **Spring Term:** Mid-January

  **Summer:** Mid-May
ADMISSION APPLICATION

Please answer all questions

Student’s Name: ____________________________________________________________

Last First MI

Student’s mailing address: __________________________________________________

________________________________________________________________________

Student cell phone number: _________________________________________________

Evening phone number: __________________________________ E-mail: ______________

Parent/guardian e-mail address and/or day number (s): Relationship to Student: ______________________________________________

Name __________________________________________ mobile #: ______________________

E-mail __________________________________________ home phone #: __________________

New york state resident? Yes ☐ No ☐

Social security number: (due to new york state education department guidelines we are required to have the social security number of STEP participants prior to providing services.)

SSN: x x x – ___ ___ ___ – ___ ___ ___

DATE OF BIRTH: _____/_____/______ STUDENT’S CURRENT GRADE: _________

Name of current high school: ________________________________________________

8th graders high school you plan to attend: _____________________________________

School mailing address: _____________________________________________________

________________________________________________________________________

School telephone #: _______________________________________________________

continued on page 3
STEP at Barnard College admits students in grades 7–2 only (Seventh-grade graduates are eligible for admission to the summer session).

During registration periods (see below), only completed applications are reviewed and potential candidates and their parent(s)/guardian(s) are contacted for an on-site group information session.

No student will be admitted to the Science and Technology Entry Program at Barnard College without submitting a completed admission application form (including social security number, ethnicity, and essay question response), official transcript, and current academic report card/progress report, income documentation, and school profile.

Registration Periods:

**Academic Year:**
- Fall Term — Mid-September
- Spring Term — Mid-January

**Summer:**
- Mid-May
ESSAY QUESTIONS

Please type a short essay in response to each of the four questions that follow. Responses should be clear, concise, and thoughtful. Number your answers accordingly.

1. Please share your future goals and objectives. Specifically, address your academic interest(s), colleges/universities that you aspire to attend, and the career path you envision.

2. Please state the special qualities and strengths that you have, those on which you lean to support you in the pursuit of academic excellence. How are they used to obtain your educational and career goals?

3. Please identify any weaknesses, academic or social, that hinder your educational progress. What methods or techniques are you using to resolve or counter the impact of these identified weaknesses?

4. What are your expectations of this program and how do you envision it helping you pursue your educational and professional goals?

PROGRAM PARTICIPATION/AVAILABILITY

1. This application is for current (Check one): Academic Year [ ] or Summer [ ]

2. Are you available to participate during the summer (Monday – Friday)?
   Yes [ ] No [ ]
   Please explain any conflicts: ____________________________________________________________

3. Are you available to participate on Saturdays during the academic year?
   Yes [ ] No [ ]
   Please explain any conflicts: ____________________________________________________________

4. Are you available to participate on Tuesdays and Thursdays during the academic year?
   Yes [ ] No [ ]
   Please explain any conflicts: ____________________________________________________________

Please be sure to take into account commitments and obligations to other activities, programs, and organizations in the determination of your ability to participate at Barnard STEP.
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.

______________________________________________  ____________________
(Signature of student)  Date

PARENT/GUARDIAN AGREEMENT

I, ____________________________________________, give permission for my son/daughter,

________________________________________________,

(Student's name)

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.

______________________________________________  ____________________
(Signature of parent/guardian)  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.

______________________________________________  ____________________
(Signature of parent/guardian)  Date
MEDICAL TREATMENT AUTHORIZATION FORM

Date __________________

In consideration of my child being permitted to participate in the Barnard College Science and Technology Entry Program (STEP), I hereby authorize emergency medical treatment for my child, ____________________________ (name of 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.

______________________________________________  ___/	___/	___  ______________________________________________
Student’s Signature  Date of Birth  Parent/Guardian’s Signature

Please indicate primary contact number during Tuesday/Thursday/Saturday program:

Telephone #: ____________________________________________
Contact Person: __________________________________________
Relationship: ____________________________________________

Please indicate primary contact number during Summer program:

Telephone #: ____________________________________________
Contact Person: __________________________________________
Relationship: ____________________________________________

Important Note:
Barnard STEP staff is not permitted to dispense any medication to student participants. The STEP Program 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 EDUCATIONAL RECORD RELEASE FORM

Date __________________

I, ________________________________________, hereby give permission to ________________________________________ (Print Parent/Guardian’s Name) (Name of High School)

release any and all grade reports, transcripts, educational records, and other pertinent information concerning my child ____________________________ (Name of Student) to the Barnard College Science and Technology Entry Program (STEP). I understand that all information will be kept confidential.

Signature of Parent/Guardian ____________________________________________

Updated Permission to Obtain Educational Records after Transfer:
[To be filled in only if student transfers to a new high school after admission into Barnard College STEP]

New High School ____________________________________________

Parent/Guardian Signature (Initials) ________________________  Date ___/___/___
STUDENT ACADEMIC PROFILE

To Be Completed by School Official

Student’s Name: ____________________________________________  Current Grade: _________

Class: ______________________________________________________  Advisor/Counselor: ______________________

Overall Math Average: _______  Overall Science Average: _______

Name of School: _______________________________________________

School Profile

Grade levels served: ____________________________________________

Percentage of minority composition of student body: ______________________

School Senate district: __________________________________________

Is the student eligible for free or reduced price lunch through the USDA Income Eligibility Guidelines?  Yes ____  No ____

☐ Transcript: Please attach official copy of student’s transcript to this form. Available standardized test scores should be included.

☐ Recommendation: On official letterhead, please provide us with a brief recommendation of this student.

Please discuss his/her academic motivation, leadership skills, and interpersonal skills.

☐ School Profile: Please attach official school profile.

☐ Current Courses: Please attach schedule.

Signature: ____________________________________________  Date: _____________________

School Personnel

School Official Email: ________________________________________  School Official Phone: ____________

Please return to:

Attn: Admissions Committee
Science and Technology Entry Program
Room 5, Milbank Hall
Barnard College
3009 Broadway
New York, NY 10027