



## Application for Admission



### PART 1: PERSONAL

Name: \_\_\_\_\_ Banner ID: \_\_\_\_\_  
Last Name First Name M.I.

Local Address: \_\_\_\_\_ Phone: ( ) -  
Street City State Zip Code

Home Address: \_\_\_\_\_ Phone: ( ) -  
Street City State Zip Code

Email: \_\_\_\_\_

Citizenship: \_\_\_\_\_ NOTE: If not a U.S. citizen, please attach a copy of your green card to this application.

Are you a permanent resident of New York State? ☐ Yes ☐ No

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: \_\_\_\_\_

Race: ☐ Black ☐ American Indian/Alaskan Native ☐ White

Ethnicity: ☐ Hispanic/Latinx ☐ Not Hispanic/Latinx

What academic programs did/do you participate in?

☐ STEP ☐ Upward Bound ☐ EOP ☐ MCNAIR ☐ HONORS

### PART 2: ACADEMIC DATA

Class: ☐ FRESHMAN ☐ SOPHOMORE ☐ JUNIOR ☐ SENIOR ☐ GRADUATE

Intended graduation: Month \_\_\_\_\_ Year \_\_\_\_\_

Declared Major(s) \_\_\_\_\_ Overall GPA: \_\_\_\_\_

Possible CSTEP Mentor: \_\_\_\_\_

### PART 3: STATEMENT OF PURPOSE

**Respond to the following statement with a short essay, typed and double-spaced:**

*I will benefit from CSTEP because...*

### PART 4: ELIGIBILITY

**Student Eligibility:** The CSTEP Program is designed for New York State residents who belong to groups historically underrepresented in scientific, technical, health-related, or licensed professions or who are economically disadvantaged, and who demonstrate interest in, and potential for, a CSTEP-targeted profession. CSTEP students must be enrolled full-time and be in good academic standing in an approved scientific, technical, health-related, pre-professional, or professional undergraduate or graduate program of study.

**Please check all that apply:**

- ☐ I am a New York state resident for at least 12 months who is a US Citizen or Permanent Resident
- ☐ I am a matriculated full time SUNY Brockport student with a 2.25 GPA or better, pursuing a career in math, science, technology, health related fields, social work, psychology, or any field that requires licensure by the State of New York
- ☐ I am Black, Hispanic/Latinx, American Indian or Alaskan Native **OR** economically disadvantaged. Please attach your SAI (Student Aid Index): log into your FAFSA account, select MY ACTIVITY, then FAFSA SUBMISSION SUMMARY. Scroll down to view your SAI. Print that page and attach it to this application.

**One Reference Form is required for admission to the program. Please list the name of your recommender and ask them to forward the Reference Form to the address at the bottom of this document.**

### PART 5: CERTIFICATION STATEMENT

**All of the information on this form is true and complete to the best of my knowledge. I authorize CSTEP to secure the financial and academic information necessary to determine my eligibility and otherwise administer the program. If selected, I agree to participate fully in the Collegiate Science and Technology Entry Program at SUNY Brockport.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Application material and questions should be directed to:**

**Project Director  
SUNY Brockport**

**Collegiate Science and Technology Entry Program, Cooper Hall C-18  
Brockport, New York 14420-2943**

**Phone: 585-395-2367 Fax: 585- 395-5410 Email: anewman@brockport.edu**

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# REFERENCE STATEMENT

Date \_\_\_\_\_

Attention: \_\_\_\_\_  
(Name of Referent)

\_\_\_\_\_ is applying for admission to the CSTEP/McNair Program at SUNY Brockport and has submitted your name as a reference. Please complete the following and return to:

CSTEP/McNair Program  
Cooper Hall C-18  
SUNY Brockport, State University of New York  
Brockport, NY 14420

	Below Average			Above Average			NA
	1	2	3	4	5	6	
The Applicant:							
Demonstrates independence and initiative							
Communicates with clarity verbally and in writing							
Demonstrates potential for completion of a professional or graduate program							
Is dependable and reliable							
Is adaptable and flexible							
Accepts responsibility							
Demonstrates honesty, integrity, and ethical behavior							
Appreciates the values and diversity of others							
Overall quality of academic performance							

Additional Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

☐ You have my permission to call me for clarification of this reference.

Printed Name of Referent: \_\_\_\_\_

Signature of Referent: \_\_\_\_\_

Position: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

*CSTEP/McNair Applicant, please read and sign below:*

In accordance with the Family Education Rights Privacy Act, I have elected to

☐ READ or ☐ NOT READ this recommendation.

Signature of Student \_\_\_\_\_

Date \_\_\_\_\_