



SUMMER 2010 Application

***Social Security Number: last 4 digits _____

STUDENT INFORMATION

First Name _____ Last Name _____ Middle Initial _____

Address _____ Apt. # _____ Borough _____ State: NY Zip Code _____

Male Female Date of Birth _____ Permanent Phone Number _____

Ethnicity African American Hispanic/Latino Native American Indian Asian/Pacific Islander
 White, non-Hispanic Other: _____

EDUCATION

School Name _____ Address _____

Next Grade Level 7th 8th 9th 10th 11th 12th Grade Average: _____

(Copy of Recent Report Card)

Did you complete MATH A (Score _____) & MATH B (Score _____)

Regents Advance Placement Science Courses: **Check ALL regent exams and score by:**

E – Currently Enrolled P – Passed & score T – Taking next year

Earth Science AP Biology Sequential Math Course I Mathematics A
 Biology AP Chemistry Sequential Math Course II Mathematics B
 Chemistry AP Physics Sequential Math Course III
 Physics AP Calculus Pre-Calculus

SAT SCORE: MATH _____ VERBAL _____ WRITTEN _____

Perspective College: _____ Major: _____

Parent/guardian information

Number of household member: _____

Household Income (Yearly): \$ _____

Sample Responses

Member	Yearly Income
1	\$9,900
2	\$16,200
3	\$18,650
4	\$23,200

STUDENT COMMITMENT

I understand that continued participation in STEP requires a commitment that I attend the program sessions regularly and on time. Students agree to accept tutoring upon recommendation of STEP staff, cooperate with instructors, tutors and administrative staff, participate in field trips, seminars and other events. Students are expected to present themselves as future professionals at all times; this include speech, attitude and behavior. **Students who expect to be late or absent for any activity are required to let their instructor know or call the NASA/STEP Projecto Access office at 718-518-6774. Students are allowed two unexcused absences per marking period--NO MORE, NO EXCEPTIONS. Anyone who is absent more than twice will be notified of possible removal from the program.

Student NAME _____ Signature _____ Date _____

Parent/Guardian NAME _____ Signature _____ Date _____

The following information is needed to alert the *NASA/STEP Projecto Access Program* staff of any health related situations that may arise and to provide information to medical personnel in the event of an emergency.

STUDENT'S NAME _____ BIRTHDATE ____/____/_____
PARENT'S NAME _____ HOME PHONE () _____ - _____
ADDRESS _____
NUMBER STREET APT. # BOROUGH/STATE ZIP CODE
WORK PHONE: MOTHER () _____ - _____ FATHER () _____ - _____
NAME OF STUDENT'S PHYSICIAN _____ PHYSICIAN'S TEL. PHONE () _____ - _____

MEDICAL HISTORY

SERIOUS ILLNESSES: _____
SURGERIES: _____
ALLERGIES (TYPE AND REACTION): _____
BLOOD TYPE _____ EYEGASSES: YES OR NO CONTACT LENSES: YES OR NO
Indicate any health-related matters of which *NASA/STEP Projecto Access Program* ought to be aware. _____

PARENTAL PERMISSION

To the best of my knowledge, the *NASA/STEP Projecto Access Program* medical form is correct, and *NASA/STEP Projecto Access Program* student herein described, has permission to engage in all prescribed academic or recreational activities, except as noted by me above.

PARENT'S SIGNATURE DATE

MEDICAL EMERGENCY CONSENT

STUDENT'S NAME _____ BIRTHPLACE _____
ADDRESS _____
NUMBER STREET APT. # BOROUGH/STATE ZIPCODE

Phone number () _____ - _____

I, (name of parent) _____, hereby give my consent to have my child taken to a local hospital accompanied by a member of the *NASA/STEP Projecto Access Program* staff and to have medical staff administer the necessary medical treatment and/or necessary x-rays taken that he or she may need in case of emergency. I understand that every effort will be made by the staff of the *NASA/STEP Projecto Access Program* to contact parents, family physician, and the emergency number (s) listed below. If you have medical insurance, please indicate the insurance company, policy number, and the name of the policyholder. Also list an emergency telephone number (s).

INSURANCE COMPANY AND POLICY NUMBER _____

NAME OF POLICYHOLDER _____

EMERGENCY TELEPHONE NUMBER () _____ - _____

PARENT'S SIGNATURE DATE

IN AN EMERGENCY, PLEASE CONTACT THE FOLLOWING PERSON(S) IF PARENT(S) CANNOT BE REACHED AT THE TIME.

NAME/RELATIONSHIP	TELEPHONE NUMBER(S)/(HOME/WORK)
1. _____	() _____ - _____ / () _____ - _____
2. _____	() _____ - _____ / () _____ - _____
3. _____	() _____ - _____ / () _____ - _____

475 Grand Concourse – Room A-126 – Bronx, New York 10451 – Phone (718) 518-6774 – Fax (718-518-6775

Email – projectoaccess@gmail.com Website – www.projectoaccess-hostoscc.org

MATHEMATICS/SCIENCE TEACHER NOMINATION FORM

DIRECTIONS: All parts of the application must be completed or the application will be considered incomplete. Incomplete and late applications will not be processed. Please type or print clearly. (Be sure to attach this form to the rest of the application.)

PART 1- To Be Completed by applicant (This Form Must Be Completed by your current Mathematics/Science Teacher)

APPLICANT'S NAME: LAST _____ FIRST _____ M.I. _____

SOCIAL SECURITY NUMBER: ____ _ ____ _

SCHOOL NAME: _____ CURRENT GRADE LEVEL: _____

PART 2- To Be Completed by your current Mathematics/Science Teacher

Evaluate the student's desire to work hard and to learn during this six to seven-week program. Without this nomination form, a student's application will be considered incomplete. Please complete the evaluation below as honestly as possible. Your assistance is greatly appreciated.

Place an "X" in the appropriate column for each characteristic listed.

Please indicate current Math/Science course (s) you are teaching the applicant: _____

For additional comments, kindly attach your comments to the application packet.

TEACHER'S PRINTED NAME _____ TITLE _____

SCHOOL'S TELEPHONE NUMBER _____

TEACHER'S SIGNATURE _____ DATE _____

CHARACTERISTIC	EXCELLENT	GOOD	FAIR	POOR
ACADEMIC PERFORMANCE				
CONDUCT IN CLASS				
WILLINGLY PARTICIPATES IN CLASS				
RESPECTS OTHERS AND THEIR PROPERTY				
ABILITY TO FOLLOW INSTRUCTIONS				
COMPLETES ASSIGNED WORK ON TIME				
ANALYTICAL THINKING SKILLS				
MATURITY				
PUNCTUALITY				
EAGER TO LEARN NEW THINGS				
STUDENT IS SUFFICIENTLY MOTIVATED TO COMPLETE A 6 TO 7 WEEK SUMMER PROGRAM				

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