2009-10 CSTEP Application Part 2

To be kept on file, subject to review by SED

Required CSTEP Student Data

Date:_____

Student name:_____

Address:_____

_____

_____

Local phone number:_____
(area code)

NYS resident? ☐ Yes ☐ No

Country of birth, if other than USA:_____

Social Security Number:_____ Date of birth:

Parent/guardian name(s):_____

Parent/guardian address(es):_____

_____

Daytime telephone number:_____
(area code)

Gender: ☐ Male ☐ Female

Ethnicity: ☐ African-American* ☐ Hispanic/Latino

☐ Native American or Alaskan Native ☐ White

☐ Asian/Pacific Islander ☐ Other

*(Includes all individuals of African descent)

Indicate Other Opportunity Program enrollment: ☐ EOP ☐ College Discovery ☐ SEEK ☐ HEOP

I, _____, agree to fully participate in the Collegiate Science and Technology Entry Program (CSTEP) at _____
(Name of institution)

_____ _____
Signature Date