

October 2, 2009

Dear CSTEP Director & Pre-Health Professions Student Advisor:

Firstly, thank you for referring your students to our CSTEP program. Our Spring Internship was held May 26 to June 6, 2009, and 12 students from the following colleges participated:

Manhattanville College	SUNY Albany	SUNY Stony Brook
Queensborough CC, CUNY	SUNY Buffalo	Syracuse University
St. John's University		

Secondly, we are now accepting applications for our **Winter 2010 Internship Program** which will be held **Monday, January 4 to Friday, January 15, 2010** at the SUNY State College of Optometry.

The **Deadline** for submission of applications is **Friday, December 4, 2009**. Please have your students submit them and required documents (most current transcript) by that date. If a student participates in any NY State Education Department funded program (listed on the application), financial documents are not required. When referring your students, please keep in mind that preference is given firstly to **Sophomores** and **Juniors** (then to **Seniors** and **Freshmen**) of **African American, Latino, and Native American** backgrounds. Economically disadvantaged students may also apply and must submit financial documents. We prefer students with the potential to succeed and who have or will be undertaking a science and/or technical pre-professional program of study.

More information and an application are also available on our website:

<http://www.sunyopt.edu/prospective/cstep.shtml>

**State University of New York  
State College of Optometry  
33 West 42<sup>nd</sup> Street  
New York, NY 10036  
(212) 938-5505**

**Collegiate Science and Technology Entry Program**

**Internship Application:** \_\_\_\_\_ *Winter (1/4 – 1/15/10)* \_\_\_\_\_ *Spring (5/24 – 6/4/10)*

*Please Print or Type*

**Name** \_\_\_\_\_  
Last First MI

**Present Address** \_\_\_\_\_  
Street Apt City State Zip Code

**Telephone** \_\_\_\_\_ **E-Mail** \_\_\_\_\_  
Area Code Number

**Permanent Address** \_\_\_\_\_  
(If Different) Street Apt City State Zip Code

**Telephone** \_\_\_\_\_  
Area Code Number

**Legal State of Residence** \_\_\_\_\_

**Country of birth, if other than USA:** \_\_\_\_\_

**If permanent registered alien, Registration #** \_\_\_\_\_

**Date of Birth** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Social Security Number** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Sex:** Male \_\_\_\_\_ Female \_\_\_\_\_

*Ethnicity:*

**Asian/Pacific Islander** \_\_\_\_\_ **African-American/Black** \_\_\_\_\_ **White/Caucasian** \_\_\_\_\_

**Hispanic/Latino** \_\_\_\_\_ **Native-American Indian/Alaskan** \_\_\_\_\_ **Other** \_\_\_\_\_

*Education:*

**School Currently Attending** \_\_\_\_\_

**Class Level** \_\_\_\_\_ **Expected Date of Graduation** \_\_\_\_\_

**Major** \_\_\_\_\_ **Intended Career** \_\_\_\_\_

**Pre-Professional Program of Study** \_\_\_\_\_

(i.e.: Pre-Med, Pre-Dental, Pre-Optometry, etc.)

**Overall GPA** \_\_\_\_\_ **Science GPA** \_\_\_\_\_ **Math GPA** \_\_\_\_\_

**SAT Scores:** **Verbal** \_\_\_\_\_ **Math** \_\_\_\_\_ **Writing** \_\_\_\_\_

*Parental Information:*

**Father's Name** \_\_\_\_\_  
Last First MI

**Mother's Name** \_\_\_\_\_  
Last First MI

**Total Annual Family Income** \_\_\_\_\_

**Sources of Income** \_\_\_\_\_

**Number of Members in Household** \_\_\_\_\_

**Have you ever participated in any of the following State-sponsored programs?**

\_\_\_\_\_ **STEP** \_\_\_\_\_ **CSTEP** \_\_\_\_\_ **HEOP** \_\_\_\_\_ **EOP** \_\_\_\_\_ **SEEK**

\_\_\_\_\_ **College Discovery** \_\_\_\_\_ **Other (Name)** \_\_\_\_\_

**If you participate in any of the above programs at your school, please give:**

**Director or Coordinator=s Name** \_\_\_\_\_

**Telephone** \_\_\_\_\_

**NOTE: Being a member of CSTEP at another College does not preclude you from participating in SUNY Optometry's CSTEP Internship Program.**

**Have you ever had your eyes examined by an optometrist?** \_\_\_\_\_

**Have you ever spoken to an optometrist about his/her profession?** \_\_\_\_\_

