

**ST. LAWRENCE**  
**UNIVERSITY Collegiate Science & Technology Entry Program**  
**(CSTEP)**

Application for Admission *Please Print or Type (Do not leave any items blank)*

**PERSONAL INFORMATION**

NAME: \_\_\_\_\_ STUDENT ID #: \_\_\_\_\_

LOCAL ADDRESS: \_\_\_\_\_

CAMPUS PHONE : \_\_\_\_\_ CELL PHONE \_\_\_\_\_ PERMANENT PHONE : \_\_\_\_\_

PERMANENT ADDRESS: \_\_\_\_\_  
STREET CITY STATE ZIP

SOCIAL SECURITY # \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

ARE YOU A NEW YORK STATE RESIDENT? YES \_\_\_ NO \_\_\_

GENDER: MALE \_\_\_ FEMALE \_\_\_ DATE OF BIRTH: \_\_\_\_\_

**B. RESIDENT STATUS:** (PARTICIPANTS MUST BE PERMANENT NEW YORK STATE RESIDENTS)

PERMANENT NEW YORK STATE RESIDENT: YES \_\_\_ NO \_\_\_ US CITIZEN: YES \_\_\_ NO \_\_\_

ARE YOU A FIRST GENERATION COLLEGE STUDENT? \_\_\_ YES \_\_\_ NO

**C. RACE/ETHNICITY** (CHECK ALL THAT APPLY):

\_\_\_ AFRICAN-AMERICAN / BLACK \_\_\_ HISPANIC / LATINO \_\_\_ CAUCASIAN / WHITE

\_\_\_ ASIAN / PACIFIC ISLANDER \_\_\_ NATIVE AMERICAN INDIAN / ALASKAN NATIVE

\_\_\_ OTHER (PLEASE SPECIFY): \_\_\_\_\_

**D. PARENT/GUARDIAN INFORMATION:**

PARENT/GUARDIAN NAME (S): \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
STREET CITY STATE ZIP

EMAIL ADDRESS: \_\_\_\_\_

ARE YOU LIVING WITH PARENT(S)/GUARDIAN(S) YES \_\_\_ NO \_\_\_, OR

ARE YOU EMANCIPATED OR INDEPENDENT YES \_\_\_ NO \_\_\_ (DOCUMENTATION WILL BE NEEDED)

**E. FINANCIAL AID SOURCES (CHECK ALL THAT APPLY):**

COLLEGE WORK STUDY     FAMILY CONTRIBUTION     EMPLOYMENT     HEOP  
 PELL     TAP     SCHOLARSHIPS     GSL  
 CHILD SUPPORT     PERSONAL LOAN     VA BENEFITS     SAVINGS  
 SOCIAL SECURITY INS.     OTHER

**F. EDUCATION**

DATE OF ENTRY INTO SU: \_\_\_\_\_ CURRENT CUMULATIVE GPA: \_\_\_\_\_

CURRENT STATUS:  FRESHMAN  SOPHOMORE  JUNIOR  SENIOR  GRADUATE

NUMBER OF CREDITS EARNED: \_\_\_\_\_ COLLEGE ADVISOR: \_\_\_\_\_

SCHOOL/COLLEGE: \_\_\_\_\_

MAJOR: \_\_\_\_\_ MINOR: \_\_\_\_\_

PRE-LAW     PRE-MED     EXPECTED DATE OF GRADUATION: \_\_\_\_\_

DEGREE YOU ULTIMATELY PLAN TO RECEIVE:  BACCALAUREATE  MASTERS  DOCTORATE  OTHER

OTHER COLLEGES THAT YOU HAVE ATTENDED: \_\_\_\_\_

DATES ATTENDED: FROM \_\_\_\_\_ TO: \_\_\_\_\_

**HOW DID YOU HEAR ABOUT CSTEP?**

Friend \_\_\_\_\_ Student Organization \_\_\_\_\_ Faculty/Staff \_\_\_\_\_ Mailing \_\_\_\_\_ Other (Specify) \_\_\_\_\_

**HAVE YOU EVER PARTICIPATED IN ANY OF THE FOLLOWING PROGRAMS?**

STEP \_\_\_\_\_ LPP \_\_\_\_\_ UPWARD BOUND \_\_\_\_\_ HEOP \_\_\_\_\_ SSSP \_\_\_\_\_

SSUI \_\_\_\_\_ MCNAIR \_\_\_\_\_

**WHAT ARE YOUR CAREER PLANS?**

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**LIST PERSONAL ACHIEVEMENTS, AWARDS & HONORS:**

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**LIST INTERESTS AND HOBBIES:**

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***Consent for Release of Information***

*I, \_\_\_\_\_ give the Collegiate Science and Technology Entry Program (CSTEP) permission to retrieve my transcripts and financial aid records. I understand the information will be used for the purpose of advisement and counseling by program staff and grant reports to the New York State Department of Education. I also understand that any information obtained during counseling sessions is confidential and will not be disclosed without my permission, except when in the judgment of the coordinator/director such disclosure may be necessary to protect me or someone else from physical harm.*

\_\_\_\_\_  
*Student Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Coordinator/Director Signature*

\_\_\_\_\_  
*Date*

***Press or Performance Release***

*I, \_\_\_\_\_ give my permission to St. Lawrence University, its agents, successor, assigns and/or newspapers, radio or television to use my photograph (whether still, motion or television) and recordings of my voice, for publicity of the CSTEP Program.*

\_\_\_\_\_  
*Student Signature*

\_\_\_\_\_  
*Date*

St. Lawrence University  
GRADUATE PREPARATION PROGRAMS

***CSTEP***  
***STUDENT CONTRACT OF COMMITMENT***

The Collegiate Science and Technology Entry Program (CSTEP) is sponsored by St. Lawrence University and New York State Department of Education. It is an enrichment program designed to foster students' academic success in preparing for professional licensure or careers in the scientific, technical or health-related fields.

Services provided to students are academic counseling, skills development, free tutoring, enrichment activities, internship/research opportunities, graduate school preparation, and specialized workshops.

CSTEP is designed for students looking for a holistic approach to their St. Lawrence University experience. The program provides opportunities for scholars to obtain internships and/or research projects, create and maintain portfolios and resumes, research graduate school information, and attend educational conferences.

Upon becoming a CSTEP scholar individuals must meet the minimum requirements stipulated by the New York State Department of Education and/or St. Lawrence University. Students must maintain a minimum 2.5 G.P.A.; complete appropriate paperwork; meet with a counselor a minimum of 3 times throughout the semester; attend all general meetings; attend at least two workshops, events, or activities per semester; and participate in program advocacy activities. Failure to meet the minimum requirements may result in dismissal from the program. If for any reason you can no longer commit to the program, you are required to contact the CSTEP office.

***\*Students must also participate in at least one (1) internship/research experience before graduation.***

I, \_\_\_\_\_, agree to commit myself to the goals and ideals of the CSTEP program by complying with the minimum requirements as stated above.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Counselor Signature

\_\_\_\_\_  
Date

CSTEP  
*Reinventing Scholarship*