



# Iona College CSTEP

*Collegiate Science & Technology Entry Program*

## Student Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ Apt: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Gender: Male \_\_\_\_\_ Female \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Iona Student Email: \_\_\_\_\_

**US Citizen:** Yes No If No, Permanent Registration Alien # \_\_\_\_\_

**Prior STEP:** Yes No If Yes, Program Name \_\_\_\_\_

**Prior LPP:** Yes No If Yes, Program Name \_\_\_\_\_

**Transfer Student:** Yes No If Yes, Institution Name \_\_\_\_\_

**First-Generation College Student:** Yes No

**Year Student first Matriculated full-time into College:** \_\_\_\_\_

## College Information

Class Level (circle one): Freshman Sophomore Junior Senior

Student ID # \_\_\_\_\_ Major: \_\_\_\_\_

Credits Completed: \_\_\_\_\_ Cumulative GPA: \_\_\_\_\_ Expected Year of Graduation: \_\_\_\_\_

Science and/or Math course(s) you are taking now:

\_\_\_\_\_

Anticipated Career: \_\_\_\_\_

Complete both sides of the application form and return to Melissa Solis, Program Director, CSTEP Office, Spellman Hall, 2<sup>nd</sup> Floor, Room 4-208. To find out more about the program and/or for assistance in completing this form, email msolis@iona.edu, or visit the CSTEP Office.

CSTEP Application (Continued) Student Eligibility

I am an eligible applicant for CSTEP because I am:

- 1. A resident of New York State: Yes No
- 2. AND a full-time student at Iona College: Yes No
- 3. AND a member of an eligible minority or an economically disadvantaged group:  
Please fill out 3a OR 3b

3a: I am a member of an eligible ethnic minority: \_\_\_\_\_

Please check all that apply:

- African American \_\_\_\_\_
- Hispanic/Latino \_\_\_\_\_
- American Indian \_\_\_\_\_
- Native Alaskan \_\_\_\_\_

**OR**

3b: I am a member of an economically disadvantaged family: \_\_\_\_\_

If you indicated "Yes" to 3b and not 3a, then please complete the following:

Household Size \_\_\_\_\_ Total Annual Income \$ \_\_\_\_\_

Please visit the CSTEP Office for income eligibility

Parent's or Guardian's Name:

\_\_\_\_\_

Home Address:

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work: \_\_\_\_\_

**Verification and Consent**

I authorize the Iona Collegiate Science and Technology Program (CSTEP) to obtain and review my student records both for consideration of acceptance to this program and for reporting purposes. I understand that documents verifying my eligibility will be required and that all information will be kept confidential.

If accepted to the program, I agree to participate in designated CSTEP activities. I understand that you will interview me before accepting me into CSTEP.

\_\_\_\_\_

(Signature of Student)

\_\_\_\_\_

(Date)