



**SCIENCE AND TECHNOLOGY ENTRY PROGRAM (STEP)  
AT IONA COLLEGE  
FALL AND SPRING APPLICATION 2017-2018**

**Check all that apply:**

**I plan to attend the Fall 2017 STEP Program, October - December**

**I plan to attend the Spring 2018 STEP Program, January - June**

**Because of other commitments I will not be able to attend the fall or spring program, but would be interested in participating in any upcoming events, such as college trips, education tours, SAT prep classes and tutoring study groups.**

**APPLICATION DEADLINE IS SEPTEMBER 22, 2017**

Student Name (Print) \_\_\_\_\_

Student Grade \_\_\_\_\_

Student Signature \_\_\_\_\_ Date: \_\_\_\_\_

Mail to:

Leonie Gordon, IONA College STEP  
Spellman Hall, Rm. 210  
715 North Ave.  
New Rochelle, NY 10801  
Telephone #: 914 633-2424  
Fax: 914 637-7764

**IONA COLLEGE**  
**Science and Technology Entry Program**  
**FALL SPRING APPLICATION 2017-2018**

**Part 1. STUDENT INFORMATION**

Student's Name \_\_\_\_\_ Male \_\_\_ Female \_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_ Zip \_\_\_

Last 4 digits of Social Security # \_\_\_\_\_ Home Phone # \_\_\_\_\_

E-mail Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Country of Birth \_\_\_\_\_

New York State Resident: Yes \_\_\_ No \_\_\_ Permanent Resident Alien: Yes \_\_\_ No \_\_\_

Ethnicity: Black \_\_\_ Hispanic \_\_\_ White \_\_\_ other (specify) \_\_\_\_\_

(Please see attached sheet for criteria for eligibility for entry into the program.)

School Name \_\_\_\_\_

School Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Math Teacher \_\_\_\_\_

Science Teacher \_\_\_\_\_

Guidance Counselor \_\_\_\_\_ House Name \_\_\_\_\_

Grade Entering in September 2017: 7 8 9 10 11 12

**Please list science and math courses you expect to take this school year**

Science Course Name	Grade/Level	Math Course Name	Grade/Level
_____	_____	_____	_____

1. A personal Statement is required for Returning Students (see **Part 4** for details)

2. An essay is required for New Students (see **Part 4** for details)

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**Part 2: PARENT / STUDENT CONSENT: (Please Print)**

Parent/Guardian's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Occupation: Parent 1: \_\_\_\_\_

Occupation Parent 2: \_\_\_\_\_

Telephone (Home) \_\_\_\_\_ Work \_\_\_\_\_

Email: \_\_\_\_\_

I (we) give permission for \_\_\_\_\_

(Name of Student) Participate in the Science Technology Entry program (STEP) at Iona College.

1. He/She is a legal resident of New York State: Yes \_\_ No\_\_

2. He/She is a member of one of the following ethnic group (check one)

African American \_\_\_\_\_ Hispanic \_\_\_\_\_ Native American \_\_\_\_\_ Alaskan Native \_\_\_\_\_

Or a member of an economically disadvantage family: Yes \_\_ No\_\_

Please call us at (914) 633-2424, if you believe that you qualify for the program as an economically disadvantage family.

I (We) authorize STEP at Iona College to obtain and review students school records from:

\_\_\_\_\_

(Name of student school)

I (We) understand that all information will be kept confidential

I (We) authorize STEP at Iona College to obtain College enrollment information about student.

I (We) agree to send the program coordinator copies of all student reports.

This is necessary to help in serving the academic needs of the students and required to complete our reporting to the New York State Education DEPT.

\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
Date

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**Part 3. PARENT AGREEMENT**

\_\_\_ I (We) agree that my child/children will attend the fall and Spring STEP Program (2017-2018).

\_\_\_ I (We) will attend parent meetings and participate in parent board activities when possible.

\_\_\_ I (We) understand that attendance is very important and that my child/children will attend at least 10 out of 14 Science and math days.

\_\_\_ I (We) will make travel arrangements to bring my child/children to Iona College Campus.

\_\_\_ I (We) understand if my child/children do not abide by the behavior conduct code of the STEP program he or she will be dismissed from the program.

\_\_\_ I (We) agree to pay Annual Dues of \$ 150.00 per family, in full. (Please make the check payable to ISPB).

**\* Please read and sign the Compact Agreement enclosed.**

Name of Student: \_\_\_\_\_

Address of Student: \_\_\_\_\_

Student grade entering Fall 2017: \_\_\_\_\_

Student School: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# Iona STEP Parent Board (ISPB)

Dear Iona STEP parents,

All parents are expected to be an active member of the Iona STEP Parent Board. Upon enrollment of your child into the Iona STEP program, there are required dues of One Hundred and Fifty Dollars (\$150) per family. The dues collected are used to support the STEP program. Below is a compact agreement for your execution which states that you agree to contribute to the academic support of your child. It is your commitment to share the responsibility for our children's instruction.

## Compact Agreement

Every parent is a part of the STEP community, and our commitment is to serve students and parents to create the best community of learning possible.

"Family involvement in education makes a difference: in fact, it can make the difference in the student's achievement at school and in life." – A compact Learning, a publication of the U.S. Department of Education.

## **Dues Information:**

A family with one or more children \$150

Dues period covered: September – May

Payment of dues shall be due at registration.

Checks should be made payable to Iona STEP Parent Board (ISPB)

I, \_\_\_\_\_ agree to fulfill my parental responsibility by participating in the Science and Technology Entry Program (STEP) at Iona College. As a participant, I will attend regularly scheduled parent meetings and scheduled Parent/Student activities of the STEP program, as well as agree to pay the annual dues to the ISPB. I understand that my signature on this document constitutes an agreement between myself and the Iona College Science and Technology Entry Program.

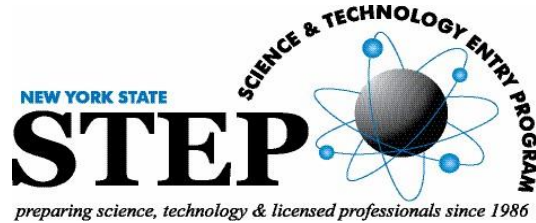
Child's name: \_\_\_\_\_

Parent(s) Guardian(s) Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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**Part 5. STUDENT PHOTO RELEASE FORM**



I hereby give permission to the STEP Program at IONA College, its agents, successor, assigns and/or newspapers, radio or television to use my child \_\_\_\_\_

**Print Full Name of Student**

photographs (*whether still, motion or television*) for publicity regarding this program.

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

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Parent Full Name

\_\_\_\_\_  
Date

# IONA COLLEGE

## Science and Technology Entry Program

### FALL SPRING APPLICATION 2017-2018

#### **Part 6. IONA COLLEGE COMPUTER USE POLICY**

The computer resources of Iona College are available to authorized students, faculty, administrators, and staff for educational, research, and administrative purposes. It is Iona's policy to keep restrictions on the individual user to a minimum, while providing the best possible service to other users of the system. In order to maintain this policy, it is essential that the users themselves observe reasonable standards of behavior regarding the use of the computing facilities. The following actions are prohibited:

- Any attempt to modify or damage computer equipment
- Any attempt to modify or damage computer or network software
- Improper use of the computer equipment
- Installation of non-academic games on College systems
- Recreational game playing
- Unauthorized use of an ID belonging to another user
- Unauthorized reading, use of, or deletion of private files or email belonging to another user
- Sharing user IDs and passwords with other users or any other person
- Any attempt to circumvent system protection and security features
- Knowingly using any system to produce system failure or degrade performance
- Engaging in unauthorized duplication, alteration or destruction of data, programs or software
- Transmitting or disclosing data, programs or software belonging to others or duplicating copyrighted materials
- Use of computer resources for private purposes, including, but not limited to, the use of computer resources for profit making or illegal purposes

All users are expected to be familiar with and abide by the copyright laws of the United States. Such use must also comply with laws defined by the Digital Millennium Copyright Act of 1998.

For all official electronic communication between the College and enrolled students the authorized vehicle will be the email address assigned to students, faculty, and staff by Iona College. All employees are expected to check email regularly and respond to messages in a timely manner. This includes communication between faculty and students. Users are asked to delete unnecessary email on an annual basis.

The College reserves the right to investigate any of the above abuses, as well as any other interference with the proper functioning of the College network or infringements upon another user's rights. Any user found to have violated any of these regulations will be subject to loss of use of the computer facilities, deactivation of their computer account and other disciplinary action, including liability for the misused computer equipment, which could easily amount to thousands of dollars, as well as expulsion from school.

The College reserves the right to monitor and inspect transactions, electronic mail and data stored in or processed through any of the Colleges computing or business systems. Users should not assume that any messages or other information stored in the Colleges systems is private or confidential or that the College or its designated representatives will not have a need to access and review this information.

This policy and any and all rules and regulations regarding the use of college computers are subject to revisions. All users are expected to be familiar with any revisions in the regulations. The college reserves the right to monitor all data contained in the system to protect the integrity of the system and to reassure compliance with this policy.

Student's Name (please print): \_\_\_\_\_

Student's Signature: \_\_\_\_\_

I am aware of the computer use policy at Iona.

Parent's Name (please print): \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

Date: \_\_\_\_\_



# IONA COLLEGE

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#### Part 7. IONA REGISTRATION FORM



Registration Authorization  
 SFS: \_\_\_\_\_ Registrar \_\_\_\_\_

Last Name \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_ I.D.# \_\_\_\_\_ Social Security Number \_\_\_\_\_

Street Address \_\_\_\_\_ Apt. No. \_\_\_\_\_ Home Telephone \_\_\_\_\_ Dorm/Business Telephone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ County \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

List Courses By Catalog Number				
Course I.D. Number	Dept.	Number	Sec.	Credits

<input type="checkbox"/> Graduate <input type="checkbox"/> Undergraduate Major _____ _____	Campus: <input type="checkbox"/> New Rochelle <input type="checkbox"/> Rockland
Term:                      Year: <input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/> Summer 20 ____	Expected Date of Graduation _____ Mo. _____ Yr. _____

Employer \_\_\_\_\_  
 I assume responsibility for payment as stated in the Iona College Catalog.

Address \_\_\_\_\_ Student Signature: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Date: \_\_\_\_\_