



**SUNY
DOWNSTATE
Medical Center**

SCIENCE AND TECHNOLOGY ENTRY PROGRAM (S.T.E.P.)

STUDENT APPLICATION FORM

Applicant Name:

Last

First

Middle

Mailing Address:

Street

Apt #

City

State

Zip Code

Home Telephone:

Social Security:

Area Code

Number

Date of Birth:

Gender: () Female () Male

Ethnicity: () African American

() Hispanic/Latino

() Native American/Alaskan Native () White

() Asian

() Other

Current School:

Street Address:

Please list your past or present extracurricular and or/community service activities or awards recieved

Activity

Dates of participation

Parent(s) or Legal Guardian(s)

Name: _____
Last First Middle

Name: _____
Last First Middle

Work Telephone: _____
Father/ Guardian Mother/Guardian

Mailing Address: _____
Street

City State Zip Code

Emergency Contact Person: _____

Phone Number: _____

