

STONY BROOK
COLLEGIATE SCIENCE & TECHNOLOGY ENTRY PROGRAM (CSTEP)
345 HARRIMAN HALL
UNIVERSITY AT STONY BROOK
STONY BROOK, NY 11794-3760
TELEPHONE: (631) 632-8773; FAX: (631) 632-7809

COMPLETE ALL INFORMATION REQUESTED (PLEASE PRINT)

Name: _____ Student ID # _____
Last First Social Security #: _____

Date of Birth: ____ / ____ / ____ Sex: / / M / / F Home Telephone () _____
Area Code & No.

Permanent Address: _____
No. & Street (Apt. #) Town/City Zip Code

Campus Address _____ Campus Phone _____ E-mail Address _____

ARE YOU A NEW YORK STATE RESIDENT? / / Yes / / No
ARE YOU A CITIZEN OF THE U.S.? / / Yes / / No, IF NO, PLEASE GIVE YOUR COUNTRY OF ORIGIN
AND YOUR ALIEN REGISTRATION NUMBER. _____

Year in College (circle one): FR S JR SR G1 G2+ Country of Origin Alien Registration #

Intended Major _____ Career Goal _____

Race/Ethnicity: (Sponsor defined ethnicities qualifying for CSTEP are African American, Latino, Native American Indian/Alaskan. All others must meet income requirements--see reverse side.)

/ / African Descent/African American / / Latino/Hispanic / / Native American Indian/Alaskan
/ / White / / Asian/Pacific Islander / / Other (specify) _____

VERY IMPORTANT:

Were you, or are you currently active in any of the following (please circle):

STEP Liberty EOP/AIM TOC Dwight D. Eisenhower AMS LSAMP

Name and address of high school attended: _____

_____ Date of H. S. Graduation _____

NAME AND ADDRESS OF OTHER COLLEGE(S) ATTENDED:

College Address Dates of Attendance/Graduation

I hereby grant permission to the administration of CSTEP to obtain educational, academic, and financial aid documentation from my high school, my transfer college and SUNY at Stony Brook. I also certify that all information provided on this form is accurate and correct.

Signature of Applicant: _____ Date _____

(PLEASE COMPLETE THIS SIDE IF YOU ARE APPLYING UNDER ECONOMIC CRITERIA.)
COMPLETE ONLY IF APPLYING UNDER ECONOMIC CRITERIA

SECTION 1--FOR DEPENDENT STUDENTS (Self-supporting students/foster children, see Section II.)

Parents are: Married ___ Single/Widowed ___ Divorced/Separated ___

Father, Stepfather, Other Mother, Stepmother, Other

Name: _____

Annual Income _____

Sources of Income _____

(Include AFDC, Home Relief,
Social Security, etc.) _____

Total number in household _____

SECTION II--SELF-SUPPORTING STUDENTS:

Check here if you are a foster child. _____

Name(s) and Address(es) of Parent(s)

Your Annual Income _____ Source _____

If married, annual income of spouse _____ Source _____

Total number in household _____