



# SUNY Canton Collegiate Science and Technology Entry Program (CSTEP)

## Application for Admission 2022-2023

Please print or type (*do not leave any fields blank, incomplete applications will not be considered*).

**First Name:** \_\_\_\_\_ **Middle Initial:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Student ID Number:** \_\_\_\_\_

**Campus Address:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

House/Apt Number/Street

City, State, Zip

**Phone Number:** (\_\_\_\_) \_\_\_\_\_ **Gender:** Male \_\_\_\_ Female \_\_\_\_ Non-binary \_\_\_\_

**Applicant's SUNY Canton E-mail Address:** \_\_\_\_\_

**Are you a first generation college student?** Yes \_\_\_\_ No \_\_\_\_

**Are you a Full-time student?** Yes \_\_\_\_ No \_\_\_\_

**Are you a New York State resident?** Yes \_\_\_\_ No \_\_\_\_

**Ethnicity:** (Circle One)

- |   |                              |
|---|------------------------------|
| 1. African-American (includes all individuals of African descent) | 4. Hispanic or Latino/Latina |
| 2. Native American Indian/Alaskan Native                          | 5. White*                    |
| 3. Asian/Pacific Islander*  | 6. Other * _____             |

**\* Economic Eligibility will need to be determined before acceptance into program is granted**

**Name of High School:** \_\_\_\_\_

**Were you enrolled in a STEP or LPP program in High School?** Yes \_\_\_\_\_ No \_\_\_\_\_ **If YES, which one?** \_\_\_\_\_

**If Transferred, name and location (city, state) of previous college:**

\_\_\_\_\_ **Major:** \_\_\_\_\_

**Were you enrolled in a CSTEP program at that institution?** Yes \_\_\_\_\_ No \_\_\_\_\_

**Current Major:** \_\_\_\_\_ **Academic Advisor:** \_\_\_\_\_

Please circle one: FRESHMAN      SOPHOMORE      JUNIOR      SENIOR

**Last Semester GPA:** \_\_\_\_\_ **Current Cumulative GPA:** \_\_\_\_\_

**Year you matriculated fulltime into a college program for the first time:** \_\_\_\_\_

**Will you be completing an Internship, Clinical, or Research as part of your Major Requirements?**

Yes \_\_\_\_\_ No \_\_\_\_\_ If so, when? \_\_\_\_\_

**Intended Career:** \_\_\_\_\_

**Expected Graduation Date:** \_\_\_\_\_

**Are you enrolled in any of the following opportunity programs:** EOP \_\_\_\_\_ TRIO SSS \_\_\_\_\_

**Why are you interested in joining the CSTEP Program:** \_\_\_\_\_

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All of the information on this form is true and complete to the best of my knowledge. I authorize CSTEP to secure the financial and academic information necessary to determine my eligibility and otherwise administer the program. If selected, I agree to participate fully in the Collegiate Science and Technology Entry Program at SUNY Canton.

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

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

**Application material and questions should be directed to:**

Stacia Smith, Project Director  
Collegiate Science and Technology Entry Program  
Nevaldine South 131, SUNY Canton  
34 Cornell Drive  
Canton, NY 13617 (315) 379-  
3804 [cstep@canton.edu](mailto:cstep@canton.edu)

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