



Collegiate Science and Technology Entry Program Application 2017-2018

Name: Last _____ First _____ Middle Initial _____ SU ID # _____

Local Mailing Address _____

City _____ State _____ Zip _____ Local/Cell Phone _____

E-mail _____ Date of Birth _____ Male _____ Female _____ Other _____

Preferred pronoun: _____ First generation to college: Yes _____ No _____

U.S. Citizen: Yes _____ No _____ N. Y. State Resident: Yes _____ No _____

Perm. Resident Alien: Yes _____ No _____ (If yes, attach a copy-front and back-of your alien registration card)

Country of Citizenship: _____

Parent(s) Name _____

Permanent Address _____

City _____ State _____ Zip _____ Telephone _____

Hispanic/Latino Ethnicity? Yes _____ No _____

All students please check all that apply:

Race:

American Indian or Alaskan Native

Native Hawaiian or Pacific Islander

Black or African-American

White

Asian

Check One: 1st ___ So ___ Jr ___ Sr ___ Grad ___ Current Major _____ Advisor _____

Anticipated career: _____

Did you transfer to ESF? Yes _____ No _____ Prior college: _____

Year you **first** entered college full time? _____

Were you enrolled in the ESF CSTEP Scholar program last semester? Yes _____ No _____

Are you currently enrolled in the Equal Opportunity Program (EOP) at ESF? Yes _____ No _____

Have you previously been enrolled in CSTEP, STEP or LPP at another institution? Yes _____ No _____

If yes, name CSTEP/STEP Institution: _____ Admission date in prior program: M/Y _____

Signature: _____ Date: _____

Return completed application to: CSTEP Office, Student Affairs, 14 Bray Hall