



TEL: (212) 342-6110, ext. 2203  
(212) 342-6110, ext. 2224  
E-MAIL: [stem@ccny.cuny.edu](mailto:stem@ccny.cuny.edu)

**STEM INSTITUTE**  
**The City College of New York**  
**THE CITY UNIVERSITY OF NEW YORK**  
Convent Avenue and 140<sup>th</sup> Street, Room 2M11  
New York, NY 10031

## STEM Institute 2019-2020 **AFTER-SCHOOL PROGRAM** Application

*In collaboration with the George Washington Educational Campus*  
Please visit our website for more information: [www.steminstitutenyc.org](http://www.steminstitutenyc.org)

### STUDENT INFORMATION

Name: \_\_\_\_\_ Sex:  F  M  
(Last Name) (First Name)

Address: \_\_\_\_\_ Apt #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Student ID # (OSIS #): \_\_\_\_\_ Student Cell Phone #: \_\_\_\_\_

Student's email address: \_\_\_\_\_  
(Please print)

Date of Birth: \_\_\_\_\_ Primary Language: \_\_\_\_\_

Ethnicity:  Black Non-Hispanic  Hispanic  White Non-Hispanic  American Indian  
 Asian-Pacific Islander  Other (Please specify): \_\_\_\_\_

Have you attended a STEM Institute program before?  No  Yes, If Yes, When: \_\_\_\_\_

Do you live or attend school in Northern Manhattan?  No  Yes

### PARENT INFORMATION

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

Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

How did you hear about us: \_\_\_\_\_

### EDUCATION INFORMATION

Current Grade: \_\_\_\_\_ When Entered 9th Grade: \_\_\_\_\_ Expected Graduation: \_\_\_\_\_

HS Avg.: \_\_\_\_\_ Math Avg.: \_\_\_\_\_ SAT Scores: Math: \_\_\_\_\_ Verbal: \_\_\_\_\_

ACT Score(s): Math \_\_\_\_\_ Reading: \_\_\_\_\_ English: \_\_\_\_\_ Chemistry: \_\_\_\_\_ Phys: \_\_\_\_\_

**\*\*ACT Score(s) are optional**

Household size? \_\_\_\_\_ School DBN: \_\_\_\_\_ School Tel: \_\_\_\_\_

School Name: \_\_\_\_\_ Counselor Name: \_\_\_\_\_

Counselor's email: \_\_\_\_\_

School Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_



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**ABOUT THE PROGRAM:**

The After-School Program will run from **Monday, September 16, 2019** through **June 2020**. Classes will be offered Mondays through Thursdays from 2:30 pm to 5:30 pm. After the holidays, the program will resume on **January 6, 2020**. The first hour will be dedicated to reviewing material and solving problems with TAs, and the remainder of the time will be dedicated to having Instructors from The City College of New York work with both students and TAs to provide support for classroom material and homework.

Students will have the option of signing up for any two of six available courses. We highly recommend for students to take one math class along with an additional second course. \*Elective course availability is contingent upon enrollment.\*

This year’s available course offerings are:

Algebra I	Living Environment	First Tech Challenge (Robotics)
Physics	English	Writing Workshop

Students should register for math and science courses based on the courses they are currently taking in school, as the after-school program is designed to enhance their fundamental understanding of mathematical principals and the materials covered in their high school classes. This program is also designed to help prepare students to excel in the classroom, on Regents’ exams, and on standardized tests, like the SATs.

Course content will vary and depend highly on students’ needs. Pease keep in mind that each course will be offered two days per week, giving students the opportunity to take one course two days per week and another course on the remaining two days.

Please write your course selections below:

1. \_\_\_\_\_
2. \_\_\_\_\_

**(See Next Page)**



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## Parental Permission

**Students:** Please have your parents fill out this form, and return it to your high school counselor. They can email it to us at [stem@ccny.cuny.edu](mailto:stem@ccny.cuny.edu).

Dear Counselor,

I consent to my son/daughter \_\_\_\_\_ attending the STEM Institute's 2019-2020 **After-School Program** located at the George Washington Educational Campus.

Sincerely,

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

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Office of Communications and Media Relations  
52 Chambers Street, New York, NY 10007  
Tel: 212.374.5141 Fax: 212.374.5584

**CONSENT TO PHOTOGRAPH, FILM, OR VIDEOTAPE A STUDENT FOR NON-PROFIT USE**  
(e.g. educational, public service, or health awareness purposes)

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

I hereby consent to the participation in interviews, the use of quotes, and the taking of photographs, movies or video tapes of the Student named above by \_\_\_\_\_ The STEM Institute \_\_\_\_\_.

I also grant to \_\_\_\_\_ The STEM Institute \_\_\_\_\_ the right to edit, use, and reuse said products for non-profit purposes including use in print, on the internet, and all other forms of media. I also hereby release the New York City Department of Education and its agents and employees from all claims, demands, and liabilities whatsoever in connection with the above.

Signature of Parent/Guardian (if Student is under 18): \_\_\_\_\_ Date: \_\_\_\_\_

Address of Parent/Guardian: \_\_\_\_\_

**OR**

Signature of Student (if 18 or over): \_\_\_\_\_ Date: \_\_\_\_\_

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