



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 Spring 2020 SATURDAY 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

Our Saturday Program will be offered to students from **7<sup>th</sup>-12<sup>th</sup> grades** on Saturdays at The City College of New York campus from **February 8, 2020** through **June 6, 2020**. The program will run from 9:00 am to 1:00 pm, with the first three hours of class dedicated to course instruction by CCNY instructors and the last hour dedicated to homework assistance and tutoring from TAs.

Students will have the option of signing up for any one of four available courses. Please note that while students will select a course of their choice, they will be required to take a math placement exam. Final course placement will be based on students' entry exam results. **\*\*Available courses are contingent on enrollment.\*\***

This year's available course offerings are:

Algebra I	PSAT Math Prep (9th & 10th Graders)
General Physics*	SAT Math Prep (11th & 12th Graders)*

\*In order to enroll in the Spring section of SAT Math Prep, you must have completed at least Algebra I and Geometry.

\*In order to enroll in the Spring section of General Physics, you must currently be enrolled in Physics at your high school and have completed at least Algebra I.

Please write your *ONE* course selection below:

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

**(See Next Page)**

## Official Transcript Request & Parental Permission

**Students:** Please ask your parent or guardian to fill out this form, and then deliver it to your school counselor. You can make arrangements for application/transcript pick-up, or your school can send (upload) it to our secure drop box account at <https://securetransfer.ccny.cuny.edu/dropbox/marte>. Please include the subject as **Student Name's Transcript**

Thank you.

Dear School Counselor,

My son/daughter \_\_\_\_\_ needs to submit an official transcript to the 2020 STEM Institute.

Would you please arrange to provide him/her with the official transcript or send it directly to the above address?

I also consent to my son/daughter \_\_\_\_\_ attending the STEM Institute's [Spring 2020 Saturday Program](#) located at the City College of New York campus.

Thank you.

Sincerely,

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

\_\_\_\_\_  
Date

(See next page)



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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: \_\_\_\_\_