

High School Summer Programs Application Coversheet

Summer Programs Application Deadline:

Internship Programs & Nanotechnology

April 3rd 2017

Zebrafish Toxicology & Fruit Fly Genomics

April 10th 2017

CEYE Webpage Link:

<http://www.icaahn.mssm.edu/ceyesummer>

Summer Programs Timeline:

June 30th 2017 – August 14th 2017

(No more than 2 absences allowed)

Summer Programs: Fruit Fly Genomics
Zebrafish Toxicology
Nanotechnology
Internship Placement

Summer Program Eligibility Requirements:

- Must attend a NYC public or charter high school
- Meet the GPA requirement listed in each course description
- Identity as URM (African American, Latino, Native American and Alaskan American) OR meet state-determined economic criteria below.
- Any additional requirements stated in individual course descriptions

Economically Disadvantaged (DA) Eligibility Requirement

Economic Eligibility Criteria (for students who do not identify as African American, Latino, Native American or Alaskan American).

A student is considered economically disadvantaged if he or she meets the 2016-17 New York State Opportunity Programs income eligibility criteria found on Page 3 of this application.

Exceptions

Reference to the household income scale need not be made if the student falls into one of the following categories, and documentation is available:

- a. The student's family is the recipient of: (1) Family Assistance Program Aid; or (2) Safety Net Assistance through the New York State Office of Temporary and Disability Assistance, or a county department of social services; or (3) family day-care payments through the New York State Office of Children and Family Services Assistance, or a county department of social services; (4) receiving reduced or free lunch in school
- b. The student is living with foster parents and no monies are provided from the natural parents; or
- c. The student is a ward of the State or a county
- d. The student received free or reduced lunch at his or her secondary school

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Note on Documentation of Economic Eligibility:

CEYE prefers reduced or free lunch documentation as proof of disadvantaged status.

What if I am a student applicant that is not from an underrepresented or disadvantaged background?

- Subject to funding and availability, CEYE may consider non-URM and non-DA applicants. Please be advised that these limited slots are extremely competitive and are outside of our primary target population.

Students may apply to more than one program. Please rank your preferences in “program of interest” line. Only one essay is necessary for submission.

A completed application includes:

- Full response to each item line
- Consent forms and Medical Clearance Form
- Copy of your latest transcript
- At least 1 letter of recommendation from a science teacher, math teacher and/or other appropriate professional
- Essay

Essay Expectations:

- 600-800 words, double-spaced
- Introduce yourself and elaborate on how you see this program furthering your future career goals. Please share your passion, dedication and demonstrated interest in the sciences.

All items are to be submitted together. If a document is not included, please include a note of explanation and the date it can be expected. Incomplete applications will not be considered.

For questions or concerns: CEYE@mssm.edu OR 212-241-7655

Send completed applications and/or attachments to (confirmation receipt provided):

CEYEapplications@mssm.edu

OR

Alyson Davis, LMSW
Program Director
Center for Excellence in Youth Education
Icahn School of Medicine at Mount Sinai
One Gustave L. Levy Pl, Box 1250
New York, NY 10029



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Do you currently receive *free or reduced meals* at school (documentation required)? YES NO

STANDARDIZED TEST SCORES

Please answer all that apply - Write N/Y/T for any tests "NOT YET TAKEN"

PSAT

Math	Evidence-Based Reading and Writing	Date Taken

SAT (if taken more than once, include the exam with the highest overall score)

Math	Evidence-Based Reading and Writing	Date taken

ACT (if taken more than once, include the exam with the highest overall composite score)

English	Math	Reading	Science	Date Taken

GRADES FOR LAST MARKING PERIOD

Math GPA _____ Science GPA _____ Current Overall GPA _____
(Grade report MUST verify)

Previous Mount Sinai Program(s): _____

Please list **awards** received in high school:

Please list **extracurricular activities** (school, community, church, involvement in other programs):



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What are your career interests?

FAMILY DATA

Student Resides With Mother and Father Mother Father Other

Mother information:

Mother/Guardian _____ First & Last Name _____ Home Phone No. _____

Home Address _____
House No./Street/Apt. No., City, State, Zip

Email Address _____ Work Phone No. _____

Father Information:

Father/Guardian _____ First & Last Name _____ Home Phone No. _____

Home Address _____
House No./Street/Apt. No., City, State, Zip

Email Address _____ Work Phone No. _____

Emergency Contact Name: _____

Emergency Contact Phone #: _____

APPENDIX
GUIDELINES FOR STUDENT ELIGIBILITY

The Science and Technology Entry Program is designed for students attending secondary school (grades 7-12) in New York State who are either minorities historically underrepresented in the scientific, technical, health related and licensed professions, or economically disadvantaged as defined below. **For the purpose of STEP, minorities historically underrepresented in the scientific, technical, health related and licensed professions include residents of New York State who are African American, American Indian/Alaska Native or Hispanic. If you are economically disadvantaged, you may be eligible for STEP. Please refer to the guidelines below and provide the required documentation.**

For the purpose of STEP, a student is considered a New York State resident if he or she resides in New York State and has lived in New York State for the last two terms of school prior to entry into the STEP Program, or has resided in New York State for at least 12 months immediately preceding the first term for which he or she is seeking participation in the STEP Program.

The economic eligibility standards set forth in this Appendix apply only at the time of application to the Science and Technology Entry Program. Once admitted, a participant may continue to receive services, even if the family income rises above the current eligibility standards.

1. Economic Eligibility Criteria for First-Time Students

For the purpose of STEP, a student is economically disadvantaged if he or she meets the income eligibility criteria outlined in the table below (economic disadvantage documentation would be a copy of the parent or legal guardian's signed most recent year's tax returns (IRS form 1040, 1040A, 1040EZ or 4506).

Additional documentation of household *income* need not be collected to determine eligibility under economic disadvantage if the student falls into one of the following categories, and **documentation is available to demonstrate:**

- The student's family is the recipient of family assistance program aid or safety net assistance through the New York State Office of Temporary and Disability Assistance or a county department of social services; or is the recipient of family day-care payments through the New York State Office of Children and Family Services or a county department of social services;
- The student is living with foster parents and no monies are provided from the natural parents; or
- The student is a ward of the State or a county.
- The student receives free or reduced lunch at his or her secondary school (verified by the school).

Number in Household Depending on Income	2016-17
1	\$21,978
2	\$29,637
3	\$37,296
4	\$44,955
5	\$52,614
6	\$60,273
7	\$67,951*

*Add \$7,696 for each family member in excess of 7.

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2. Exceptions

Reference to the household income scale need not be made if the student falls into one of the following categories and documentation is available:

- a. The student's family is the recipient of (1) Family Assistance Program Aid, or (2) Safety Net Assistance through the New York State Office of Temporary and Disability Assistance, or a county Department of Social Services, or (3) family day care payments through the New York State Office of Children and Family Services Assistance, or a county Department of Social Services.
- b. The student is a ward of the State or a county.

3. Documentation

Please provide only ONE of the following documents.

The following shall be acceptable documentation of economic eligibility:

- a. **Preferred** - Reduced or free lunch documentation from high school or the state.
- b. Documentation of all income, earned dividends and interest: a signed copy of appropriate year's tax return (IRS Forms 1040, 1040A, 1040EZ, or 4506).
- c. Documentation of a sole worker's income from two or more employers: W2's for the appropriate year or similar documentation acceptable to the Commissioner.
- d. Documentation of no income: a copy of IRS Form 4506 which has been filed by the student or family with the Internal Revenue Service or a copy of IRS Letter 1722 indicating that the student or parent did not file a return.
- e. Documentation of pension, annuity, or unemployment benefits: letter from the applicable agency showing appropriate year's total award (if not reported on IRS Forms 1040, 1040A, 1040EZ or 1099).
- f. Documentation of Social Security, Supplemental Security Income, or Veterans Administration non-educational benefits: a letter from the applicable agency showing applicable year's total award for **each** member of the household, including Medicare premiums or IRS Form 1099 for each member of the household.
- g. Documentation of Social Services payments: verification from a branch of the State Office of Temporary and Disability Assistance, Office of Children and Family Services Assistance, or a county department of Social Services showing year that benefits were received and names of recipients including the applicant.
- h. Documentation of child support and/or alimony: a court order, affidavit.
- i. Documentation of additional members in household: birth certificates, marriage certificates, third-party verification, or similar documentation acceptable to the Commissioner, along with proof of income or lack of income for each such member.

4. OSIS ID

NYC DOE OSIS number is a nine-digit number that is issued to all students who attend a New York City public school. The number can be found on your ID card or transcript.

Medical Certification Form

Student's Name: _____
Last First

Last 4 digits of Social Security _____

I have examine the above names on, _____ and found him/her to be medically fit and capable of performing all assigned duties.

The above named has a condition that will affect his/her ability to function effectively and may put others at risk (please describe the condition):

Immunizations:

1. **P.P.D.** Negative _____ Positive _____
Date Given _____ Date Read _____

[If test is found to be positive please attach Chest X-Ray. PPD must be within the last 6 months. Students with a PPD conversion in the last 12 month must show proof of treatment and provide a Chest X-Ray.]

2. **M.M.R. or Titer*** Dates _____
*Immune _____ Not Immune _____ Date tested _____

3. **Hepatitis B** Dates _____

4. **TDaP** Date _____

5. **Varicella** Dates _____

6. **Asthma** Yes _____ No _____

Physician's Name (Print)

Address

Physician's Signature

City/State/Zip

Date

Telephone



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Medical Attention Consent Form

Dear Parent:

We ask your permission to extend medical attention to your son/daughter – as a participant in the Mount Sinai CEYE Program – should an emergency arise.

Please indicate your consent for the Hospital to treat your child in case of an emergency, by completing and signing the bottom portion of this letter – and returning it immediately to the program office. A charge for this service may apply.

Sincerely yours,

Alyson Davis, LMSW
Program Director

I give permission to The Mount Sinai Hospital to extend medical attention and treatment to my child, _____ should an emergency arise during the hours that he/she is in attendance at the Mount Sinai CEYE Program.

Medicaid No./Type _____
Or Other Insurance _____
Expiration Date _____

Parent/Guardian (Print)

Parent/Guardian (Signature)

Date



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Participation Consent Form

Dear Parent:

Your son/daughter, _____, is participating in a program at the Icahn School of Medicine at Mount Sinai. From time to time, the students make visits to other institutions for educational purposes. We request your consent for your child to participate in these off-campus experiences.

Please indicate your approval by signing the bottom portion of this letter and returning it immediately to our offices.

If you have any questions, please call the program office at (212) 241-7655 or (212) 241-6089.

Sincerely yours,

Alyson Davis, LMSW
Program Director

I give my full consent for my child, _____, to participate in off-campus educational experience planned by the Mount Sinai CEYE Program.

Parent/Guardian (Print)

Date

Parent/Guardian (Signature)

Date

Photography Consent Form

Name of Student _____

Address _____

Age: _____

(If participant is under 18 years of age)

1. I consent that a statement and/or photograph and/or video and/or movie and/or audio recording may be taken of me by Mount Sinai School of Medicine and/or The Mount Sinai Hospital (and/or their agents) regarding my personal and medical history, condition(s) and treatment(s) at The Mount Sinai Hospital and/or by its staff and/or affiliated physicians, for the purposes of publicizing, promoting, marketing and advertising their activities, programs and services.
2. I grant permission for the above-described material(s) to be distributed to news media for publication and/or broadcast and/or distribution via other means to the general public. I recognize that the precise manner in which the information and material(s) will be used will be determined solely by such news media and I therefore acknowledge that The Mount Sinai Hospital and Mount Sinai School of Medicine (collectively "Mount Sinai") have no control over or responsibility for the use of such information and material(s) by the news media.
3. I further grant permission for Mount Sinai, at its option, to use the information and material(s) as it sees fit in publications and or productions of its own making and distribution.
4. I understand that I may be identified by name in connection with the public use of the information and material(s).
5. I hereby release and agree to indemnify Mount Sinai and its affiliates, successors and assigns and their respective employees, trustees and agents from and against any and all liability, including reasonable attorneys fees, arising out of the exercise of the rights granted by this consent.

Signature: _____ Date: _____
(Personal Representative or Legal Guardian)

Personal Representative or Legal Guardian: [Print Name] _____