State Pre-College Enrichment Program (S-PREP)
Application Overview

The State Pre-College Enrichment Program is an academic enrichment program designed for students who are interested in pursuing a career in medicine or related STEM fields. The long range objective of the program is to increase the number of underrepresented minorities in healthcare and STEM professions. Applicants must be New York residents who self-identify with URM ethnic groups (URM groups include: Black, Hispanic, Native American, or Alaskan Native) or as economically disadvantaged students enrolled in grades 7 – 12. To see if your status matches the criteria for being considered economically disadvantaged please review the economic eligibility guidelines at the end of the application.

S-PREP offers enrichment courses and activities geared towards preparing students for success in math and science. In addition to the rigorous academic schedule, program offerings include college preparation and career development workshops, college counseling services, field trips and college tours. S-PREP demands that students attend consistently and give their best effort. Unexcused absences will not be permitted in the program. Failure to comply with such expectation may result in immediate dismissal from the program.

Therefore, students who are heavily involved in other extracurricular activities or pre-college exam preparation courses should seriously consider whether or not they can commit to the program. Students are also expected to maintain an 80% grade average in math and science and will be required to submit a copy of their report card to the program on a quarterly basis.

Students enrolled in S-PREP are selected on the basis of character and academic merit that aligns with the eligibility criteria outlined below:

- 80% grade average, in math and science
- A strong interest in medicine, research or STEM professions
- The ability to commit to the course schedule and
- A mature personality

All Program Applications and Supplementary documents must be received by the following deadlines:

- **Summer Semester: March 15th**
- **Academic Year: September 15th**

Mail your application and all supporting materials to:

Columbia University, Vagelos College of Physicians and Surgeons
Office of Diversity and Multicultural Affairs
104 Haven Ave, Suite 1003
Attention: S-PREP
New York, NY 10032

For more information, contact (212) 305-4157 or sprep-ps@cume.columbia.edu

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The State Pre-College Enrichment Program is offered by the Office of Diversity and Multicultural Affairs at Columbia University, Vagelos College of Physicians and Surgeons and the New York State Education Department.
State Pre-College Enrichment Program (S-PREP)  
Application Overview

S-PREP 2018 Summer Program Overview:

- Tentative Program dates: July 2\textsuperscript{nd} to July 27\textsuperscript{th}  
- Classes begin at 10 am with supplementary program activities running until 3pm each day.  
- Intensive math and science class will be offered to rising Grades 7\textsuperscript{th} through 11\textsuperscript{th}.  
- Internship or research field work experiences will be offered to rising 12\textsuperscript{th} Graders.  
- College preparation workshops will be scheduled to assist students with college and career planning.  
- Students will have the opportunity to participate in study groups and optional tutoring sessions.  
- Program offerings also include field trips and college tours.

_If selected to be part of the program, it is imperative that students attend consistently and give their best effort._
# S-PREP SUMMER PROGRAM SCHEDULE (SAMPLE)
## JULY 2, 2018 – JULY 28, 2018

<table>
<thead>
<tr>
<th>Time / period</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
</tr>
</thead>
<tbody>
<tr>
<td>10am</td>
<td>Math/Science Class (7th - 11th Grades)</td>
<td>Math/Science Class (7th - 11th Grades)</td>
<td>Math/Science Class (7th - 11th Grades)</td>
<td>Math/Science Class (7th - 11th Grades)</td>
<td>July 6th – Thursday Schedule</td>
</tr>
<tr>
<td>11am</td>
<td>Research/Internship (12th Grade)</td>
<td>Research/Internship (12th Grade)</td>
<td>Research/Internship (12th Grade)</td>
<td>Research/Internship (12th Grade)</td>
<td>July 13th – College Tour</td>
</tr>
<tr>
<td>12pm</td>
<td>11am</td>
<td>11am</td>
<td>11am</td>
<td>11am</td>
<td>11am</td>
</tr>
<tr>
<td>1pm</td>
<td>- Lunch Break -</td>
<td>- Workshop Series -</td>
<td>- Workshop Series -</td>
<td>- Workshop Series -</td>
<td>July 20th – Field Trip</td>
</tr>
<tr>
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<td>2pm</td>
<td>2pm</td>
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<td>3pm</td>
</tr>
</tbody>
</table>

*Optional Tutoring Session*

- **Important Dates:**
  - Orientation - Monday, July 2nd
  - No Class - Wednesday, July 4th
  - Closing Ceremony - Friday, July 27th
- All students are required to attend all sessions including orientation
- No unexcused absences
- *Schedule is subject to change*
State Pre-College Enrichment Program (S-PREP)  
Program Application

All information provided in this application is confidential. Please type or print legibly. Fill out all sections completely. If not applicable, please put N/A. Note: Application notifications are sent via email. Applications with missing information or signatures will not be reviewed.

PART I: APPLICATION

PERSONAL INFORMATION

Today’s date: ____________ Current Grade: ________ Grade you will be entering this fall: ________

Print Name: ________________________________

First  Middle  Last

Home Address: ________________________________

House No./Street Name/Apt. No

City/State/Zip Code

Email Address: ________________________________

Alternate Email: ________________________________

Home Phone #: ________________________________ Cell Phone #: ________________________________

Date of Birth: ________________________________ Place of Birth: ________________________________

Gender: □ Male  □ Female

NY State Resident: □ Yes  □ No

US Citizen: □ Yes  □ No

Permanent Resident (if applicable): □ Yes  □ No

Ethnicity¹: (Check one)

□ African American/Black*  □ Hispanic/ Latino (specify):  

□ American Indian/ Alaska Native  □ Other (specify)**:

* Includes students from Africa and the Caribbean.

** If you checked “other”, please refer to Appendix Guidelines for Student Eligibility to determine if you are economically disadvantaged. If you do not provide financial documentation as required by New York State, your application will not be accepted.

¹ For the purpose of STEP, minorities historically underrepresented in the scientific, technical, health related and licensed professionals include residents of New York who are Black or African American, American Indian, Alaska Native, or Hispanic/Latino.
## State Pre-College Enrichment Program (S-PREP)
### Program Application

**ACADEMIC DATA**

<table>
<thead>
<tr>
<th>School:</th>
<th>Address:</th>
</tr>
</thead>
</table>

Guidance Counselor: Email:

NYSSIS*: Student’s Expected Graduation Date: 

*New York State Student Identification Number (ie. OSIS #/ Student ID #) If you do not know this number please contact your school.

Current GPA: Math Avg: Science Avg:

<table>
<thead>
<tr>
<th>Standardized Test Scores: Write NYT for any tests “Not Yet Taken”</th>
</tr>
</thead>
<tbody>
<tr>
<td>PSAT Reading: PSAT Math: Date Taken:</td>
</tr>
<tr>
<td>SAT Reading: SAT Math: Date Taken:</td>
</tr>
<tr>
<td>SAT II (Subject): SAT II Score: Date Taken:</td>
</tr>
<tr>
<td>ACT Math: ACT Reading: ACT English: ACT Science: Date Taken:</td>
</tr>
</tbody>
</table>

What Math and Science courses will you be taking this upcoming Fall Semester?
Please provide course name/number and indicate if it is a Non Regent (NR), Regent (R), or Advance Placement (AP) course.

### MATH COURSES

<table>
<thead>
<tr>
<th>Course Name/Number</th>
<th>Type</th>
</tr>
</thead>
</table>

### SCIENCE COURSES

<table>
<thead>
<tr>
<th>Course Name/Number</th>
<th>Type</th>
</tr>
</thead>
</table>

Please list awards received in middle and/or high school:

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

How did you hear about S-PREP? Check all that apply:

- [ ] Recruitment Fair
- [ ] Counselor
- [ ] Email
- [ ] Family/Friend/Colleague: __________
- [ ] Website
- [ ] Teacher
- [ ] Other (specify): ____________________________________________________________
State Pre-College Enrichment Program (S-PREP)  
Program Application

**HOUSEHOLD INCOME**

Please note that if you checked “other” for ethnicity you must fill out the portion below and provide verification as outlined in the appendix (pg. 9).

<table>
<thead>
<tr>
<th>Annual Income: $</th>
<th>Total # of People in Household:</th>
</tr>
</thead>
</table>

**Source of Income:**

- [ ] Employment  
- [ ] Unemployment  
- [ ] Social Service  
- [ ] Social Security  
- [ ] Other: ________________

**FAMILY DATA**

Please include information for at least one parent. Application notifications are sent via email.

**Student Resides with:**  
- [ ] Mother & Father  
- [ ] Mother  
- [ ] Father  
- [ ] Other: ________________

**GUARDIAN I:**  
- [ ] Mother  
- [ ] Father  
- [ ] Other: ________________

**Guardian Name:** ________________  
**Cell Phone #:** ________________

**Home Address:** ______________________

**Email:** ______________________  
**Home Phone #:** ______________________

**GUARDIAN II:**  
- [ ] Mother  
- [ ] Father  
- [ ] Other: ________________

**Guardian Name:** ________________  
**Cell Phone #:** ________________

**Home Address:** ______________________

**Email:** ______________________  
**Home Phone #:** ______________________

**PART II: ESSAY**

**Prompt:** On a separate page, type an essay of max 500 words on “Why I Believe I Would Be a Good Candidate for the SREP Program”. Include a discussion about your short and long term career goals, expectations of the program, and what you plan to contribute to the program. Sign your name at the end of the essay.

**PART III: OFFICIAL TRANSCRIPT & REPORT CARD**

Please include a copy of BOTH your official transcript and most recent report which includes your most recent class grades.

Note: Middle School students who do not have a transcript please follow the directions below.

- Rising 7th graders: Submit a copy of your 6th grade report card and most recent grades.
- Rising 8th graders: Submit a copy of your 6th & 7th grade report cards and most recent grades.

**PART IV: LETTERS OF RECOMMENDATION**

Two (2) letters of recommendation must be submitted with the application. The letters should be from a math teacher, science teacher or your counselor. Recommenders may fill out the included with this application or submit a written letter.
State Pre-College Enrichment Program (S-PREP)
Program Application

PART IV: TEACHER/COUNSELOR LETTER OF RECOMMENDATION

S-PREP is a rigorous program designed for underrepresented minorities and economically disadvantaged middle and high school students who are interested in pursuing a career in medicine or STEM professions.

Please fill out this form and make additional comments about the student’s potential. Most helpful are specific examples evidencing the student’s personal and academic achievements.

Check here if you would like your comments to be kept confidential: □

Student’s Name: ___________________________________________  Poor Fair Good Excellent

<table>
<thead>
<tr>
<th>Academic Performance</th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Academic Potential</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Character and Maturity</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Enthusiasm and Initiative</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Work Ethic</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Why do you believe that this student is a good candidate for S-PREP?

________________________________________________________________________________________________________________________________________

What can this student contribute to the program?

________________________________________________________________________________________________________________________________________

How do you think this student will benefit from the program?

________________________________________________________________________________________________________________________________________

Summary Evaluation

Please use other side for additional comments if needed.

______ I do not recommend this applicant for admission to your program.

______ I believe that the applicant is marginally qualified for your program, but has potential.

______ I recommend this applicant for admission to your program.

______ I strongly recommend this applicant for admission to your program.

Signature: ___________________________________________ Date: _________________________________

Name: ___________________________________________ School: ______________________________________

Title and department: ___________________________ Telephone: (______) __________________

Mail this form directly to the Program Administrators at the address below:
Columbia University, Vagelos College of Physicians and Surgeons
Office of Diversity and Multicultural Affairs
Attention: S-PREP
104 Haven Ave Suite 1003 ● New York, NY, 10032
OR email it to: sprep-ps@cumc.columbia.edu
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S-PREP is a rigorous program designed for underrepresented minorities and economically disadvantaged middle and high school students who are interested in pursuing a career in medicine or STEM professions.

Please fill out this form and make additional comments about the student’s potential. Most helpful are specific examples evidencing the student’s personal and academic achievements.

Check here if you would like your comments to be kept confidential: ☐

Student’s Name: ________________________________

<table>
<thead>
<tr>
<th>Poor</th>
<th>Fair</th>
<th>Good</th>
<th>Excellent</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Academic Performance ………………………………………………………………

Academic Potential………………………………………………………………

Character and Maturity……………………………………………………………..

Enthusiasm and Initiative…………………………………………………………

Work Ethic…………………………………………………………………………

Why do you believe that this student is a good candidate for S-PREP?

____________________________________________________________________

____________________________________________________________________

What can this student contribute to the program?

____________________________________________________________________

____________________________________________________________________

How do you think this student will benefit from the program?

____________________________________________________________________

____________________________________________________________________

**Summary Evaluation**

Please use other side for additional comments if needed.

_____ I do not recommend this applicant for admission to your program.

_____ I believe that the applicant is marginally qualified for your program, but has potential.

_____ I recommend this applicant for admission to your program.

_____ I strongly recommend this applicant for admission to your program.

Signature: ___________________________________________________________ Date: _________________________________

Name: __________________________________________ School: _________________________________

Title and department: __________________________ Telephone: (______) _____________

Mail this form directly to the Program Administrators at the address below:

Columbia University, Vagelos College of Physicians and Surgeons
Office of Diversity and Multicultural Affairs
Attention: S-PREP
104 Haven Ave Suite 1003 ● New York, NY, 10032
OR email it to: prep-ps@cumc.columbia.edu
PART V: PARENT/GUARDIAN MEDIA CONSENT FORM
(Publications, Video, Internet, Local Media, and Use of Personal Information)

SPREP students are sometimes asked to be part of our program publicity, publications and/or public relations activities. To ensure student privacy and agreement for your child to participate, please sign the consent below for each child participating in the program. Your signature indicates approval or denial for the student's name, picture, written work, voice, verbal statement or portraits (video or still) to appear in our newspaper, videos or on our department websites.

Parent/Guardian understand and agree that:

- Consent and release may be changed at any time by parent/guardian completing a new consent form.
- Photos, video or student’s statements may be used in subsequent years.
- This form will be kept in the student’s temporary record.
- School report cards, transcripts, standardized testing scores may be collected on your behalf.
- Student name and contact information may be shared with other STEP/CSTEP Programs and college/university admissions offices.

Note: all information will be kept confidential

☐ YES, I give my consent to the above.
☐ NO, I do not give my consent to the above.

Student Name: ________________________________________________________________

Parent/Guardian Name (Please Print): ____________________________________________

Parent/Guardian Signature: ____________________________________________________

Date: ______________________________________________________________________
State Pre-College Enrichment Program (S-PREP)  
Program Application

APPLICATION CHECKLIST

Only complete applications will be reviewed. To ensure that your application is complete, please make sure you have included the following materials:

☐ PART I: Complete Application Form (Pgs. 1 - 3)
☐ PART II: Essay
☐ PART III: Official Transcript and Report Card
☐ PART IV: Two (2) Letters of recommendation from a science teacher, a math teacher or a Guidance Counselor
☐ PART V: Parent’s/Guardian Consent Form- Publication, Video, Internet, Local Media, and Use of Personal Information
☐ Financial Documentation- Only for applicants who do not meet the race/ethnicity criteria, see Financial Guidelines attached (pgs. 8-9)
☐ Awards, Certificates, Honors Received (Optional)

Please make sure to keep a copy of your application in case it gets lost in transit.

MAIL YOUR COMPLETED APPLICATION PACKET TO:

Columbia University, Vagelos College of Physicians and Surgeons  
Office of Diversity and Multicultural Affairs  
Attention: S-PREP  
104 Haven Ave, Suite 1003  
New York, NY 10032

Applications must be received by:

Summer Semester: March 15th  
Academic Year: September 15th

Should you have questions or concerns regarding the application process, please contact the S-PREP Program at (212) 305-4157 or sprep-ps@columbia.edu.
State Pre-College Enrichment Program (S-PREP)
Program Application

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 Black/African American, American Indian/Alaska Native or Hispanic/Latino. 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
   A student is considered economically disadvantaged if he or she is a member of:
   • a household supported by one parent if dependent, by the student or by a spouse if independent, whose total annual income is not more than the applicable amount listed in the table below; or
   • a household supported solely by one member thereof who works for two or more employers with a total annual income which does not exceed the applicable amount set forth in the following table by more than $1,800; or
   • a household supported by more than one worker (parents if dependent, student and spouse if independent) in which the total annual income does not exceed the applicable amount listed in the table below by more than $4,800; or
   • a household supported by one worker (parent if dependent, student if independent) who is the sole support of a one-parent family in which the total annual income does not exceed the applicable amount listed in the table below by more than $4,800.
   • Beginning with the 2012-13 year all add-on allowances were discontinued. Eligibility determination should be based on figures listed on the income chart below.

The number of members of a household shall be determined by ascertaining the number of individuals living in the student’s residence who are economically dependent on the income supporting the student. For students first entering the Program between July 1, 2009 and June 30, 2010:

**Income Eligibility Criteria**

<table>
<thead>
<tr>
<th>Number in Household Dependent on Income</th>
<th>2014-15</th>
<th>2015-16</th>
<th>2016-17</th>
<th>2017-2018*</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$21,590</td>
<td>$21,755</td>
<td>$21,978</td>
<td>$22,311</td>
</tr>
<tr>
<td>2</td>
<td>$29,101</td>
<td>$29,471</td>
<td>$29,637</td>
<td>$30,044</td>
</tr>
<tr>
<td>3</td>
<td>$36,612</td>
<td>$37,167</td>
<td>$37,296</td>
<td>$37,777</td>
</tr>
<tr>
<td>4</td>
<td>$44,123</td>
<td>$44,863</td>
<td>$44,955</td>
<td>$45,510</td>
</tr>
<tr>
<td>5</td>
<td>$51,634</td>
<td>$52,559</td>
<td>$52,614</td>
<td>$53,243</td>
</tr>
<tr>
<td>6</td>
<td>$59,145</td>
<td>$60,255</td>
<td>$60,273</td>
<td>$60,976</td>
</tr>
<tr>
<td>7</td>
<td>$66,656</td>
<td>$67,951</td>
<td>$67,951</td>
<td>$68,709</td>
</tr>
<tr>
<td>8</td>
<td>$75,647</td>
<td>$75,647</td>
<td>$75,647</td>
<td>$76,442</td>
</tr>
</tbody>
</table>

* For 2017-2018 add $7,733 for each family member in excess of 8
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.

2. Documentation

Please provide only one of the following documents. The following shall be acceptable documentation of economic eligibility:

a. Documentation of all income, earned dividends and interest: a signed copy of appropriate year’s tax returns (IRS Forms 1040, 1040A, 1040EZ, or 4506).

b. 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.

c. 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.

d. 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).

e. 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.

f. 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.

g. Documentation of child support and/or alimony: a court order, affidavit.

h. Documentation of additional members in household: birth certificates, marriage certificates, 3rd party verification, or similar documentation acceptable to the Commissioner, along with proof of income or lack of income for each such member.

i. Documentation of zero household contribution: the needs analysis output form from one of the United States Department of Education.