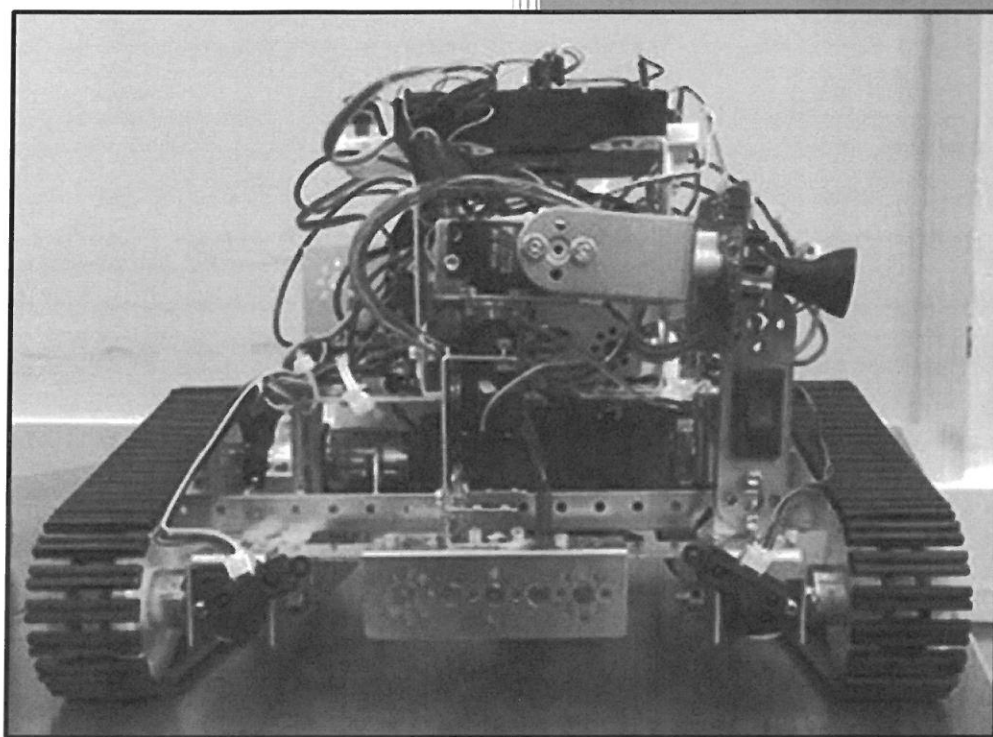
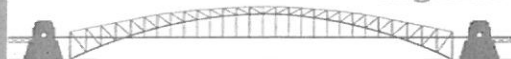


Spring 2017 Application



Bridging the G@P
CityTech



NEW YORK CITY COLLEGE OF TECHNOLOGY

CITY TECH

WHERE CAN TECHNOLOGY TAKE YOU?

Phone: 718-260-5207

Email: MHernandez@citytech.cuny.edu

Website: <https://citytechprecollege.org/>



NEW YORK CITY
COLLEGE OF TECHNOLOGY
THE CITY UNIVERSITY OF NEW YORK
300 JAY STREET, BROOKLYN, NY 11201-2983

OFFICE OF COLLABORATIVE PROGRAMS
300 JAY STREET, M-309
BROOKLYN, NY 11201

Semester: Spring 2017

Dear BTG Applicant/Parent,

We are delighted that you are inquiring about Collaborative Programs' Science and Technology Entry Program (STEP) at New York City College of Technology for 2016-2017 academic year.

Please complete and return the application by the **due date listed below**. Please be sure to include the **student and parent information attached with a current transcript or report card**. Admission is competitive and **seats are limited**. Participants must demonstrate academic potential, interest, high motivation for learning and continuing education. Furthermore, it is very important interested participants submit a complete application **as early as possible**.

Completed applications submitted on or before the deadline will be considered on a first come, first served basis; late applications will be processed in accord to space availability.

Once admission decisions are made you will be notified **by email and/or phone**. Parents should include their email on the application if they want to receive ongoing information from Collaborative Programs.

The following are some important dates to remember:

BTG SAT Prep Saturday Course (Spring 2017) Facilitated by Kaplan:

Orientation and Pre Test: February 11th, 2017

Program Starts: March 4th, 2017

Program End: April 29th, 2017

Time: 9:30am- 12:30pm (every Saturday)

BTG Intro to College Workshop Saturday Course (Spring 2017):

Orientation: February 11th, 2017

Program Starts: February 18th, 2017

Program End: May 6th, 2017

Time: 9:30am- 12:30pm (every Saturday)

Course Description

9:30 to 12:30pm Snacks will be provided.	SAT Math and English Prep Course Facilitated by Kaplan (Only for 11th Grade): In this course, student will Practice test skills for the New SAT Test. SAT Test: May 6th, 2017
9:30 to 12:30pm Snacks will be provided.	Intro. To College Workshop Course (Only for 12th Grade): College readiness workshop class. (More details TBA)

We look forward to having you in the program. For further information, please feel free to contact us at (718) 260-5207 or 5212.

Best regards,

Alana Hyun Kim/ M.Ed.
Director for Bridging the Gap

Phone: 718-260-5207

Email: MHernandez@citytech.cuny.edu





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New York State Education Department Program Eligibility

Based on NYSED mandated criteria, eligible applicants will:

- be a middle or high school student in grades 7-12 (Workshops) and 11-12 (SAT Prep. Course)
- submit a completed application (each and every semester)
- have an 70 average in Math, Science, and English
- have an 70 cumulative grade point average (GPA)
- be a resident of New York State at least 12 months (2 semesters)
- identify as African American, Latino, Native American Indians or Alaskan Natives, OR meets state-determined economic criteria below:

A student is considered economically disadvantaged if the:

- Student's household income is less than or equal to the income levels indicated below.

New York State Opportunity Programs Income Eligibility Criteria 2016-2017

Members in household (Including head of household)	Total Annual Income 2016-17
1	\$21,978
2	\$29,637
3	\$37,296
4	\$44,955
5	\$52,614
6	\$60,273
7	\$67,9514

(add \$7,511 for each family member in excess of 7)

- If applying under economic criteria, please provide 2015's 1040 income tax form.

The grant award requires that New York City College of Technology abide by New York State Education Departments' eligibility criteria. Please visit their website at:

<http://www.highered.nysed.gov/kiap/colldev/HEOP/documents/NYSEDLowincomeGuidelinesEligibilityRequirements2013-14through2016-17.pdf>

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Semester: Spring 2017

Application Completion Checklist (Please check this before submitting your application)

- ☐ Completed and signed Application for Admission (including OSIS number if available, email address, ethnicity, and signature forms)
- ☐ Copy of Current School Transcript and/or Report Card (last available)
- ☐ Copy of PSAT scores (for 11th & 12th grade applicants/ if available)
- ☐ Copy of SAT and/or ACT scores (for 11th & 12th grade applicants/ if available)
- ☐ Copy of 1040 income tax form for 2015 (**only if economic eligibility is being requested**)

Deadlines and Important Dates:

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Orientation: February 11th, 2017
Program Starts: February 18th, 2017
Program End: May 6th, 2017
Time: 9:30am- 12:30pm (every Saturday)

Submit Applications To:

By Mail/ or in Person:

New York City College of Technology- Collaborative Precollege Programs
300 Jay Street, M-208
Brooklyn, New York 11201
Attn: Alana Hyun Kim, Director for Bridging the Gap
Marvin Hernandez/ Coordinator for Bridging the Gap/STEP

By Email:

MHernandez@citytech.cuny.edu

Phone: 718-260-5207

Email: MHernandez@citytech.cuny.edu





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Semester: Spring 2017

APPLICATION FOR SPRING 2017 BTG/STEP ACADEMY

Course: _____

STUDENT INFORMATION

LAST NAME _____ FIRST NAME _____ M. I. _____

STREET ADDRESS _____ APT NO. _____

CITY/BOROUGH _____ STATE _____ ZIP CODE _____

HOME PHONE (____) _____ CELL PHONE (____) _____

DATE OF BIRTH ____/____/____ NEW YORK STATE RESIDENT (CIRCLE ONE) YES NO

ETHNICITY (CIRCLE ONE): AFRICAN AMERICAN LATINO/HISPANIC NATIVE AMERICAN ASIAN
WHITE ALASKAN BI-RACIAL (NON-HISPANIC) WHITE (NON-HISPANIC)

SOCIAL SECURITY NO. _____ - _____ - _____ (REQUIRED FOR COLLEGE CREDIT COURSES)

GENDER (CIRCLE ONE) MALE FEMALE ELIGIBLE FOR FREE/REDUCED LUNCH: YES__ NO__

STUDENT E-MAIL ADDRESS (PLEASE PRINT CLEARLY): _____

HOW DID YOU HEAR ABOUT THIS PROGRAM? _____

REQUEST TUTORING: YES__ NO__ WHICH SUBJECT (CIRCLE ONE): ENGLISH or MATH Other: _____

REQUEST ACADEMIC ADVISEMENT: YES__ NO__

HAVE YOU BEEN PART OF A STEP PROGRAM IN THE PAST? ____ IF YES, DATES OF ATTENDANCE: _____

PARENT INFORMATION

LAST NAME _____ FIRST NAME _____ M. I. _____

SAME AS ADDRESS AS STUDENT (CIRCLE ONE) YES NO (IF NO PLEASE COMPLETE BELOW)

STREET ADDRESS _____ APT NO. _____

CITY _____ STATE _____ ZIP CODE _____

HOME PHONE (____) _____ CELL PHONE (____) _____

PARENT E-MAIL ADDRESS (PLEASE PRINT CLEARLY): _____

IN CASE OF EMERGENCY, PLEASE CONTACT (OTHER THAN PARENT) _____

PHONE (____) _____ RELATIONSHIP TO STUDENT _____

NUMBER OF HOUSEHOLD MEMBERS: ____

CHECK IF APPLICABLE: SOCIAL SERVICES__ FOSTER CARE__ WARD OF THE STATE__

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BROOKLYN, NY 11201

Semester: Spring 2017

Student Name: _____

SCHOOL INFORMATION (For Spring 2017)

SCHOOL NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PHONE (____) _____ WEBSITE: _____

PRINCIPAL: _____

OSIS #: _____

NYSSIS ID # (if available): _____

(10 DIGIT NUMBER THAT IS UNIQUE IDENTIFIER FOR ALL PUBLIC & CHARTER STUDENTS IN NY STATE. PLEASE NOTE THAT THIS NUMBER IS DIFFERENT FROM AN OSIS #. YOU CAN REQUEST YOUR NYSSIS ID # FROM YOUR GUIDANCE COUNSELOR OR SCHOOL ADMINISTRATOR)

DOES YOUR SCHOOL ADMINISTER REGENTS EXAMINATIONS? **(CIRCLE ONE)** YES NO

DOES YOUR SCHOOL ADMINISTER AP Courses? **(CIRCLE ONE)** YES NO

GUIDANCE COUNSELOR NAME _____

CONTACT PHONE NUMBER (____) _____ CONTACT EMAIL: _____

GRADE LEVELS SERVED _____

ACADEMIC INFORMATION

GRADE IN SPRING 2017 **(CIRCLE ONE)** 11TH 12TH

EXPECTED DATE OF HIGH SCHOOL GRADUATION: 20__ __

TYPE OF DIPLOMA EXPECTED **(CIRCLE ONE)**: REGENTS/ADVANCED REGENTS/ OTHER _____

OVERALL GPA: _____ MATH GPA _____ SCIENCE GPA _____

PLEASE INDICATE THE TOP THREE HIGH SCHOOLS OR COLLEGES TO WHICH YOU PLAN TO APPLY, AND YOUR INTENDED MAJOR:

FIRST: _____ MAJOR: _____

SECOND: _____ MAJOR: _____

THIRD: _____ MAJOR: _____

HAVE OR WILL YOU PARTICIPATE IN AN INTERNSHIP: YES__ NO__ WHERE: _____

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Email: MHernandez@citytech.cuny.edu

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BROOKLYN, NY 11201

Semester: Spring 2017

Student Name: _____

STUDENT AGREEMENT

I, _____ (full name), agree to participate in Collaborative Programs Science and Technology Entry Program (STEP) at New York City College of Technology. I understand that as a participant I will attend all scheduled Academy events and continue to demonstrate an attitude that reflects a serious commitment to the program. Those who are tardy or absent more than two times, exhibit inappropriate behavior, and/or do not adhere to the guidelines of the program will be dismissed.

I understand that my signature on this document constitutes an agreement between me, my parent-guardian, and STEP Program Academy.

Signature of Student _____ Date: _____

PARENT/GUARDIAN NOTIFICATION AND CONSENT

I am aware that my child, _____, is participating in the Collaborative Programs Science and Technology Entry Program (STEP) at New York City College of Technology, located at 250 Jay Street, Brooklyn, New York. If my child does not show up to scheduled activities, I understand that the student will be removed from the program on the third offense. This form grants permission for local trips within the college.

I hereby give permission for New York City College of Technology Collaborative Programs to release any and all grade reports, transcripts, educational records, and other pertinent information concerning my child to the New York State Education Department. I understand that the New York State Education Department requires that all STEP Programs collect and keep this information on record. I understand that all information will only be shared with New York State Education Department, partner schools, and colleges. To help increase awareness of the New York City College of Technology Bridging the Gap STEP Program for other city students, I give permission for New York City College of Technology and The City University of New York (CUNY) to use my child's image or photograph.

PRINTED NAME OF PARENT/GUARDIAN _____

DATE _____

SIGNATURE OF PARENT/GUARDIAN _____

HOME TELEPHONE _____

COLLEGE BTG-STEP PROGRAM INFORMATION FOR 11TH GRADE STUDENTS

I give permission for Collaborative Precollege Programs funded by NYSED STEP Program to share information with a designated College on behalf of the New York State Education Department to provide student information to all of the colleges and universities in the State of New York that administer a Collegiate Science and Technology Entry Program (CSTEP) Project. (Note: students will receive CSTEP and admissions/financial aid information from the institutions, only if this section is completed.)

Student Career Interest: _____ X _____
SIGNATURE OF PARENT DATE

Phone: 718-260-5207

Email: MHernandez@citytech.cuny.edu



New York City College of Technology of The City University of New York
300 Jay Street, Brooklyn, NY 11201

ACKNOWLEDGMENT OF RISK AND RELEASE AND WAIVER OF LIABILITY FORM

1. Participant Name: _____
Address (Street, City, State, Zip): _____
Date of Birth: _____
2. Parent/Guardian Name (and address if different): _____
Parent/Guardian Cell Phone: _____
3. Dates: _____ Professor/Staff Member: _____
4. Activity/Field Trip: _____

Authority: I represent and acknowledge that I am the Parent/Legal Guardian of the Participant who is under age eighteen and will be participating in the Activity/Field Trip at New York City College of Technology of The City University of New York ("NYCCT"). I am fully competent to sign this Agreement. **I UNDERSTAND THAT PARTICIPANT'S ATTENDANCE IS VOLUNTARY.** I acknowledge that I am signing this Acknowledgment of Risk and Release and Waiver of Liability on my behalf and on behalf of Participant and that Participant and I shall be bound by the terms of this Agreement.

Permission: I give permission for Participant to participate in the Activity/Field Trip at NYCCT and give permission for Participant to participate in Activities and Field Trips off and away from NYCCT campus.

Medical treatment: I authorize and give consent for employees, agents and representatives of NYCCT to administer general first aid treatment for any minor injuries or illnesses experienced by the minor. If the injury or illness is in need of emergency medical care, and NYCCT is not able to reach me, I authorize NYCCT to sign all necessary papers and arrange for emergency treatment and hospital care, including medical diagnostics (such as pathology or radiology), anesthetic, surgery, blood transfusion, medication.

Assumption of Risk: I acknowledge and accept that the Activity/Field Trip may expose Participant to hazards and risks to Participant's health, including injury or death, and that NYCCT cannot control these risks. I understand and I accept all risk to Participant's health, including any injury or death that may result. I acknowledge there may be physically strenuous activities and certify that Participant is fit and capable of such participation. I agree that while participating in this Activity/Field Trip, Participant will adhere to all applicable rules, regulations, and laws. I understand that NYCCT will not be responsible for any expenses associated with any property or personal injury Participant may sustain. I understand that NYCCT does not provide medical insurance for Participant and I am urged to maintain adequate personal health and accident insurance to cover any personal injury to Participant, which may be sustained while participating in this Activity/Field Trip.

Release: In consideration of NYCCT providing the opportunity for Participant to participate in this Activity/Field Trip, I release NYCCT, the Board of Trustees of The City University of New York, officers, employees, and representatives from any and all liability to me, to Participant, our personal representatives, estate, heirs, and assigns for any and all claims, demands and causes of action for any and all loss of personal property, illness or injury to Participant, including death, arising out of, occurring during or in any way connected with the Activity/Field Trip, **including injuries caused by negligence of NYCCT, the Board of Trustees of The City University of New York, officers, employees, and representatives, or any other participant in the field trip or activity** that may be sustained by Participant while participating in such Activity/Field Trip or while on premises owned or leased by NYCCT.

Waiver: I agree to waive and covenant not to sue NYCCT, the Board of Trustees of The City University of New York, officers, employees, and representatives from liability for the injury or death of any person(s) and damage to property that may result from Participant's negligent or intentional act or omission while participating in the Activity/Field Trip. It is my express intent that this covenant not to sue and agreement to hold harmless shall bind the members of my family, Participant's family, and our heirs, assigns and personal representatives, if Participant or I become deceased.

This acknowledgment of risk and release and waiver of liability are governed by and will be construed in accordance with the laws of the State of New York without regard to principles of conflicts of law. I agree that I will submit to the exclusive jurisdiction of the federal and state courts located in New York County, New York State, for the resolution of all disputes arising hereunder or relating hereto, regardless of the place of execution of this form.

I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND THAT IT IS A RELEASE, WAIVER AND HOLD HARMLESS OF LIABILITY OF ALL CLAIMS FOR PARTICIPANT'S INJURY OR DEATH THAT MAY OCCUR WHILE PARTICIPATING IN THE ACTIVITY/FIELD TRIP.

Parent/Guardian's Signature: _____ Date: _____