Enrollment Packet

The GST STEM Academy welcomes your application to the 2019-20 ninth-grade class. Priority is given to students with the following indicators; a strong interest in Science, Technology, Engineering and Math (STEM); ability to make a commitment to complete a 4-6 year program of study; ability to persist in a dynamic, collaborative and challenging non-traditional environment; minority or underrepresented groups in STEM; first generation college; English language learners; and/or economically disadvantaged populations. We are committed to enrolling a diverse student population that reflects the geographic area served by GST BOCES.

Important Dates
Open Enrollment November 19, 2018 - February 8, 2019
A completed and signed application must be submitted to the office of the middle school counselor in the student’s district of residence.

February 8, 2019
Applications submitted to school counselor.

February 15, 2019
School counselors submit applications via BOCES courier.

March 4 - April 5, 2019
Student shadow and interview at STEM Academy.

May 2019
Acceptance and wait list letters mailed home.

Requirements
Students must:
- Currently be enrolled in a public school and entering ninth grade in September 2019.
- Complete the application and submit the completed form to their school counselor no later than February 8, 2019.
- Meet with their school counselor to discuss the program and their application.

Parents must:
- Complete the parent statement portion of the application form to be submitted by the student to his/her school counselor no later than February 8, 2019.

Greater Southern Tier STEM Academy
2634 Goff Road, Corning, NY 14830
Applicant Checklist

Please complete this checklist and attach all parts of the application. The entire packet should be sent together no later than February 15, 2019 by BOCES courier to:

Robert Sherburne, STEM Academy Principal

- Completed student application including written statement
- Completed counselor recommendation form
- Two completed teacher recommendation forms
- 7th & 8th grade report cards and discipline history
- Completed parent form
Student Application

To be filled out by applicant.

Home School District: ________________________________

Student Full Name: ______________________________________

Student Full Mailing Address: ____________________________ City: _______ State: ____ Zip: ________

Gender: ____Male ____Female   DOB: _______________________  Current Grade: ___________________

Parent/Guardian Name: ________________________________________________________________________

Parent/Guardian Email: ___________________________ Home Phone: ________________ Cell Phone: _____________

Teacher Recommendation filled out by: _______________________________________________________________

School Counselor Recommendation filled out by: _______________________________________________________

What activities have you been involved in at school? _________________________________________________

What activities have you been involved in outside of school? _____________________________________________

What are your hobbies? ____________________________________________________________________________

What careers/occupations are you interested in? _______________________________________________________

On a scale of 1-5 (1 being the least, 5 being the most), rate your desire to commit to this opportunity:

1  2  3  4  5

Personal Statement

Why are you interested in this opportunity? What will the successful completion of this program mean to your future? (250 word limit - if additional space is needed please continue on back)

_________________________________________________________________________________________________

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_________________________________________________________________________________________________

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_________________________________________________________________________________________________

Student Signature: ___________________________ Date: ______________________________

Greater Southern Tier STEM Academy
2634 Goff Road, Corning, NY 14830
School Counselor Recommendation

To be filled out by applicant’s school counselor.

Date: ______________________________________________

Student Full Name: ____________________________________   Ethnicity______________________   ELL ___Yes ___No

IEP ___Yes ___No   504 ___Yes ___No   Free/Reduced Lunch ___Yes ___No   Other health concerns: ____Yes ____No

Counselor Name: ______________________________________________________________________________________

Counselor Email: ______________________________________________________________________________________

Counselor Phone: ___________________________________ Counselor Fax: _________________________________

Administrator Name:________________________________ Administrator Email:_____________________________

Attendance in ________ School Year:  _______ Days Tardy   ______ Days Absent

Please rate using the following scale:
1 = unacceptable  3 = average
2 = below average  4 = above average  5 = outstanding

 _____ Academic Ability   _____ Respectfulness   _____ Resilience
 _____ Ability to Collaborate   _____ Conduct   _____ Effort
 _____ Works Independently   _____ Participation   _____ Articulates Thoughts
 _____ Self-Discipline   _____ Motivation   _____ Conflict Resolution
 _____ Leadership   _____ Accepts Feedback   _____ Integrity

In reference to the rating scale above, please comment on the applicant’s strengths and challenges. Please be specific. (Use additional paper if necessary.)

______________________________________________________________________________________________________
______________________________________________________________________________________________________
______________________________________________________________________________________________________

Please provide a detailed explanation of why you believe this student would be an ideal candidate for the STEM Academy. (Use additional paper if necessary.) Please highlight how this student demonstrates critical thinking, problem-solving, works in a team setting, persistence and motivation.

______________________________________________________________________________________________________
______________________________________________________________________________________________________
______________________________________________________________________________________________________

If it were not for this opportunity, do you believe the student would achieve their college and career goals? Why or why not? (Use additional paper if necessary.)

______________________________________________________________________________________________________
______________________________________________________________________________________________________

Counselor Signature: ____________________________  Middle School Principal Signature: _________________________

** Please include a copy of the student applicant’s report card (grades 7-8) and discipline history (grades 7-8) in the application packet.**

Greater Southern Tier STEM Academy
2634 Goff Road, Corning, NY 14830
Teacher Recommendation

Must be filled out by the applicant’s current math, science, social studies or English/Language Arts teacher.

Date: ____________________________________________________

Student Full Name: _________________________________________

Teacher Name: _______________________________________ Position: ______________________________________

How do you know the applicant? ______________________________________________________________________

How long have you known this individual? _________________

Please rate using the following scale:
1 = unacceptable  3 = average
2 = below average  4 = above average  5 = outstanding

_____ Academic Ability  _____ Respectfulness  _____ Resilience
_____ Ability to Collaborate  _____ Conduct  _____ Effort
_____ Works Independently  _____ Participation  _____ Articulates Thoughts
_____ Self-Discipline  _____ Motivation  _____ Conflict Resolution
_____ Leadership  _____ Accepts Feedback  _____ Integrity

In reference to the rating scale above, please comment on the applicant’s strengths and challenges. Please be specific. (Use additional paper if necessary.)

__________________________________________________________________________________________________

__________________________________________________________________________________________________

__________________________________________________________________________________________________

__________________________________________________________________________________________________

__________________________________________________________________________________________________

Please comment on the student’s learning style. Does the student have an interest in real-world applications of math, science and technology and an understanding of how things work?

__________________________________________________________________________________________________

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__________________________________________________________________________________________________

Teacher Signature: ____________________________________

Greater Southern Tier STEM Academy
2634 Goff Road, Corning, NY 14830
Teacher Recommendation

Must be filled out by the applicant's current math, science, social studies or English/Language Arts teacher.

Date: ____________________________________________________

Student Full Name: _________________________________________

Teacher Name: _______________________________________ Position: ______________________________________

How do you know the applicant? ______________________________________________________________________

How long have you known this individual? _________________

Please rate using the following scale:

1 = unacceptable  3 = average  5 = outstanding
2 = below average  4 = above average

_____ Academic Ability  _____ Respectfulness  _____ Resilience
_____ Ability to Collaborate  _____ Conduct  _____ Effort
_____ Works Independently  _____ Participation  _____ Articulates Thoughts
_____ Self-Discipline  _____ Motivation  _____ Conflict Resolution
_____ Leadership  _____ Accepts Feedback  _____ Integrity

In reference to the rating scale above, please comment on the applicant’s strengths and challenges. Please be specific. (Use additional paper if necessary.)

__________________________________________________________________________________________________

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Please comment on the student’s learning style. Does the student have an interest in real-world applications of math, science and technology and an understanding of how things work?

__________________________________________________________________________________________________

__________________________________________________________________________________________________

__________________________________________________________________________________________________

__________________________________________________________________________________________________

Teacher Signature: ____________________________________

Greater Southern Tier STEM Academy
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Parent/Guardian Form

To be filled out by applicant’s parent or guardian. Please answer all questions. You may attach additional paper as necessary.

Parent name: __________________________________________________

Level of Education completed: _____ HS/Equivalency _____ Associate’s _____ Bachelor’s _____ Master’s or higher

Parent name: _________________________________________________

Level of Education completed: _____ HS/Equivalency _____ Associate’s _____ Bachelor’s _____ Master’s or higher

On a scale of 1-5 (1 being the least, 5 being the most), please rate your desire for your student to commit to this opportunity.

1 2 3 4 5

Please describe: ____________________________________________________________________________________

__________________________________________________________________________________________________

__________________________________________________________________________________________________

Please share any information that you feel is important for us to know about your child as a learner and how he/she might need to be supported: _________________________________________________________________________

__________________________________________________________________________________________________

__________________________________________________________________________________________________

__________________________________________________________________________________________________

Please indicate your child’s top two strengths and top two challenges: _______________________________________

__________________________________________________________________________________________________

__________________________________________________________________________________________________

__________________________________________________________________________________________________

__________________________________________________________________________________________________

I agree that my child may enroll in the GST BOCES STEM Early College High School Program. I realize that students participating in the program must be enrolled as a non-matriculated student at Corning Community College and that his/her grades in the college level classes will become part of his/her college transcript. I also understand the academic calendar for STEM students may be different from their home school and may require summer coursework.

Parent/Guardian Signature: _______________________________ Date: ____________________________

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