

State University of New York
State College of Optometry
33 West 42nd Street
New York, NY 10036
(212) 938-5505

Collegiate Science and Technology Entry Program

Internship Application: _____ *Spring (5/23 to 6/3/11)* Due: April 29, 2011

Please Print or Type

Name _____
Last First MI

Present Address _____
Street Apt City State Zip Code

Telephone _____ **E-Mail** _____
Area Code Number

Permanent Address _____
(If Different) Street Apt City State Zip Code

Telephone _____
Area Code Number

Legal State of Residence _____

Country of birth, if other than USA: _____

If permanent registered alien, Registration # _____

Date of Birth ____ / ____ / ____ **Social Security Number** ____ / ____ / ____

Sex: Male _____ Female _____

Ethnicity:

Asian/Pacific Islander _____ African-American/Black _____ White/Caucasian _____

Hispanic/Latino _____ Native-American Indian/Alaskan _____ Other _____

Education:

School Currently Attending _____

Class/Year Level _____ **Expected Date of Graduation** _____

Major _____ **Intended Career** _____

Pre-Professional Program of Study _____
(i.e.: Pre-Med, Pre-Dental, Pre-Optometry, etc.)

Overall GPA _____ **Science GPA** _____ **Math GPA** _____

SAT Scores: Verbal _____ **Math** _____ **Writing** _____

Parental Information:

Father's Name _____
Last First MI

Mother's Name _____
Last First MI

Total Annual Family Income _____

Sources of Income _____

Number of Members in Household _____

Have you ever participated in any of the following State-sponsored programs?

____ **STEP** ____ **CSTEP** ____ **HEOP** ____ **EOP** ____ **SEEK**

____ **College Discovery** ____ **Other (Name)** _____

If you participate in any of the above programs at your school, please give:

Director or Coordinator's Name _____

Telephone _____

NOTE: Being a member of CSTEP at another College does not preclude you from participating in SUNY Optometry's CSTEP Internship Program.

Have you ever had your eyes examined by an optometrist? _____

Have you ever spoken to an optometrist about his/her profession? _____

In no less than 100 words, in the following space (or on a separate sheet of paper), please answer the following question: (Please type or write neatly)

From what you already know about optometry and have read in our CSTEP brochure, please explain how the CSTEP Internship Program will benefit you in your professional pursuits?

Additional Documents Needed:

1. **Current College Transcript (including up to Fall 2010 Grade Reports)**
2. **Current class schedule or course registration.**
3. **If you have not participated in other CSTEP or State-sponsored programs, please submit documents verifying household income (i.e.: 2010 IRS 1040 forms).**

Signature **Date**