



Student Transfer Education Plan Application

This application is to be completed by the applicant with his/her parents or guardians. It is the first step toward participating in Scarsdale STEP. If a question does not apply to you, please write "N/A". **Use back**, if needed.

Student's Name: _____ Date of Birth: ____/____/____ Gender: _____

Address: _____ City: _____ State: _____ Zip: _____

Student's: Cell Phone: (____) _____ Home Phone: (____) _____ E-Mail: _____

Father's Name: _____ Occupation: _____ Employer: _____

Father's: Cell Phone: (____) _____ Work: (____) _____ E-Mail: _____

Mother's name: _____ Occupation: _____ Employer: _____

Mother's: Cell Phone: (____) _____ Work: (____) _____ E-Mail: _____

Siblings (including names and ages): _____

Are You a U.S. Citizen? _____ Do you have any physical/mental health problems or disabilities?

(If yes, explain): _____

Health insurance (please Xerox both copies of card): _____

Student's Social Security #: _____

List Hobbies & Special Interests: _____

List Activities Outside of School (Sports, Volunteer Work, Youth Groups, etc.): _____

List any Household Responsibilities: _____

Do you work? If yes, where?: _____ #hours/week?: _____

List any Honors or Awards: _____

Have you ever spent extended time away from home? (If yes, give details, age & time away from home): _____

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On a separate page, please submit a brief autobiography describing yourself, your background, and your hopes and ambitions for the future. Be sure to include why you want to participate in the STEP Scholarship Program.

Applicants are required to submit High School transcripts, any standardized test scores and two letters of recommendation. We would also appreciate having a recent photograph of you.

STEP students spend their junior and senior years at Scarsdale High School. **Applicant should be in the 10th grade.**

Current high school: _____ Number of students: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: (____) _____ Principal: _____

Guidance Counselor: _____

What subjects are you taking?: _____

What is/are your favorite subject(s): _____

How did you hear about Scarsdale STEP?: _____

STEP students are **NOT** allowed to drive in Scarsdale. Please sign below to acknowledge that this is acceptable to you and that the information provided on this application is accurate:

Student Signature: _____ Date: _____

I/We, the parent(s)/guardian(s) of _____ agree to our child's application to participate in the Scarsdale STEP Scholarship Program. I/We acknowledge all the information provided on this application is accurate. If my child is selected for STEP, I understand that I/we will be asked to sign a formal agreement to participate in the Program.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

***Please mail this application and all attachments to Beth Ehrich Berkeley,
11 Cooper Road, Scarsdale, NY 10583 or e-mail your application to info@scarsdalestep.org.
Questions? E-mail: info@scarsdalestep.org***