The University of Akron * Firestone Fellows

**Strive Toward Excellence Program**

220 Wolf Ledges Parkway  
Rm. 58 Buckingham Bldg. * Akron, OH 44325-7908  
330.972.6818

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**APPLICATION**

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**2024**

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**Deadline: March 8, 2024**

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For more information, please contact:
Ms. Mary Williams, Interim STEP Program Director  
mbw1@uakron.edu  
Dr. Joseph Boateng, Academic Advisor  
jb54@uakron.edu
Applications must be returned to the STEP Office by March 8, 2024

1. **Application Form**
   Print and complete all portions of the application.
   a) **Student Citizenship**
      Any application received from a NON U.S. citizen without proof of residency cannot be processed.
   b) **Household Information**
      This portion must be completed and signed in order for the application to be processed. Also, the actual taxable income amount must be written under the category checked.

2. **Student Essays**
   This portion is for the STUDENT ONLY. Parents, it is imperative that the student complete the essay in his/her own words. Essays may be hand-written or typed using complete sentences and should be checked for grammatical errors.

3. **Parent/Guardian Essays**
   This portion is for the Parent/Guardian. Parent essays may be typed or neatly handwritten.

4. **Recommendations**
   This portion of the application must be completed by each of the following:
   A) English teacher
   B) Math teacher
   C) Guidance Counselor/Principal
      The guidance counselor should submit the recommendation form along with copies of the applicant’s Student Transcript Report including IEP, if applicable, and most recent report card.

5. **School Record Release Form**
   This form is to be completed by the parent/guardian.

6. **Interviews**
   Student and parent interviews will be held March 14, 2020. Once the application has been processed and is 100% complete, the applicant’s parent/guardian will be contacted to schedule an interview.

All applications are to be submitted to:

MAIL                      SCAN/E-MAIL                      FAX
The University of Akron   mbw1@uakron.edu               330.972.8658
Strive Toward Excellence Program
ATTN: Application Processing
55 Buckingham
Akron, OH 44325-7908

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**Important Dates**
(*Dates are subject to change at any given time!*)

- February 29: Application Due
- To Be Announced: Interview Day
- May 2: STEP Recognition Banquet
- To Be Announced: STEP Pre-Testing & Summer Orientation Meeting
- June 10: Summer Program Begins
- July 18: Summer Program Ends
- July 20-22: Summer Trip (Tentative Dates)
**Student Information**

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Middle Name</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Home Address</th>
<th>City</th>
<th>Zip Code</th>
</tr>
</thead>
</table>

(_______)  __________ - __________  ☐ Home  ☐ Cellular

(_______)  __________ - __________  ☐ Cell  ☐ Neighbor  ☐ Relative

- **Email address:** ___________________________________________
  - How often do you check this E-mail?  ☐ Daily  ☐ Weekly  ☐ Monthly

- **Texting:**
  - How can you be reached by text? ____________________________________

<table>
<thead>
<tr>
<th>Current Grade</th>
<th>Gender</th>
</tr>
</thead>
<tbody>
<tr>
<td>__________________________</td>
<td>☐ Female  ☐ Male</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date of Birth</th>
<th>Age</th>
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<tbody>
<tr>
<td>_____________</td>
<td>_____/<strong><strong>/</strong></strong></td>
</tr>
</tbody>
</table>

**Name of current school:** __________________________________

**Name of School Counselor:** __________________________________

**Ethnic/Racial Background (Used for statistical purposes ONLY)**

☐ **African American** (AA)  ☐ **Asian** (A): Specify: __________________________  ☐ **Caucasian/White** (C)

☐ **Hispanic/Latino** (H)  ☐ **Native American/Alaskan** (NA): (Tribal Affiliation) __________________________

☐ **Native Hawaiian/Other Pacific Islander** (NH)  ☐ Other: (Specify) __________________________

**Student U.S. Citizenship**

☐ Are you a U.S. Citizen?
  - ☐ Yes, I am a U.S. Citizen
  - ☐ No, but I am an eligible non-citizen

If you are NOT a U.S. Citizen, we will need verification of permanent residency from the Immigration Department.

<table>
<thead>
<tr>
<th>Permanent Resident Number</th>
<th>Date issued</th>
</tr>
</thead>
<tbody>
<tr>
<td>_________________________</td>
<td>____________</td>
</tr>
</tbody>
</table>
# The University of Akron * Firestone Fellows
## Strive Toward Excellence Program

### Parent Information

<table>
<thead>
<tr>
<th>With whom does the applicant reside?</th>
<th>Mother</th>
<th>Father</th>
<th>Both</th>
<th>Guardian: (relationship)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>MOTHER/GUARDIAN 1 INFORMATION</th>
<th>FATHER/GUARDIAN 2 INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is mother living?</td>
<td>Is father living?</td>
</tr>
<tr>
<td>☐ Yes</td>
<td>☐ Yes</td>
</tr>
<tr>
<td>☐ No</td>
<td>☐ No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Relationship to student?</th>
<th>Natural</th>
<th>Adoptive Parent</th>
<th>Other:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name</th>
</tr>
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<tbody>
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<table>
<thead>
<tr>
<th>Address</th>
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<tbody>
<tr>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Occupation</th>
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</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Alternate Telephone Number</th>
<th>Home</th>
<th>Cellular</th>
</tr>
</thead>
<tbody>
<tr>
<td>(_________________________)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Cellular</td>
<td>☐ Neighbor</td>
<td>☐ Relative</td>
</tr>
</tbody>
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</thead>
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<td></td>
<td></td>
</tr>
<tr>
<td>☐ Cellular</td>
<td>☐ Neighbor</td>
<td>☐ Relative</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Do you speak, read, and write English well?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Highest Level of Education</th>
<th>Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ High School Graduate</td>
<td></td>
</tr>
<tr>
<td>☐ Associate Degree</td>
<td></td>
</tr>
<tr>
<td>☐ Bachelor Degree</td>
<td></td>
</tr>
<tr>
<td>☐ Graduate Degree</td>
<td></td>
</tr>
</tbody>
</table>

### Household Information

**What is the range of your total TAXABLE family income?** "Taxable income" is the amount you earned after exemptions and deductions are figured. (Line 6 of your 1040 EZ form, Line 43 of your 1040 form, or Line 27 of your 1040A form). Provide your actual taxable income in the blank space and mark the appropriate box.

<table>
<thead>
<tr>
<th>Actual taxable income</th>
<th>$ ______________</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ $0 - $18,735</td>
<td>☐ $18,736 - $25,365</td>
</tr>
<tr>
<td>☐ $25,737 - $31,995</td>
<td>☐ $31,996 - $38,625</td>
</tr>
<tr>
<td>☐ $38,626 - $45,255</td>
<td>☐ $45,256 - $51,885</td>
</tr>
<tr>
<td>☐ $51,886 - $58,515</td>
<td>☐ $58,516 - $65,145</td>
</tr>
<tr>
<td>☐ $65,146 and up</td>
<td>☐ $65,146 and up</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>How many in the household are supported by this income?</th>
</tr>
</thead>
<tbody>
<tr>
<td>____</td>
</tr>
</tbody>
</table>

<table>
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<td>☐ Associate Degree</td>
<td></td>
</tr>
<tr>
<td>☐ Bachelor Degree</td>
<td></td>
</tr>
<tr>
<td>☐ Graduate Degree</td>
<td></td>
</tr>
</tbody>
</table>

**Does your family receive benefits from any of the following?**

- ☐ No Benefits Received
- ☐ Unemployment
- ☐ Medicaid
- ☐ Veteran’s Benefits
- ☐ Disability
- ☐ Pension Benefits
- ☐ Social Security benefits
- ☐ Food Stamps
- ☐ Housing Assistance
- ☐ Eligible for Free Lunch
- ☐ Eligible for reduced Lunch
- ☐ Public Assistance (TANF and/or OWF)
- ☐ Other: ______________

I hereby attest that all information in this application is true and correct. I also understand that a false statement or misrepresentation will make the applicant ineligible for the Strive Toward Excellence Program.

<table>
<thead>
<tr>
<th>Parent/Guardian Signature</th>
<th>Date</th>
</tr>
</thead>
</table>
This section is for the STUDENT ONLY and MUST be answered by the student. You are to write an essay answering the following questions.

**Question 1.** Describe an intellectual, cultural or creative experience that has given you the greatest satisfaction.

APPLICANT NAME: ___________________________________________________________ GRADE: ___

____________________________________________________________________________

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Additional questions on back
Student Essay Continued

Question 2. What is your definition of commitment as it applies to this program?

__________________________________________________________________________________________________________
__________________________________________________________________________________________________________
__________________________________________________________________________________________________________
__________________________________________________________________________________________________________
__________________________________________________________________________________________________________
__________________________________________________________________________________________________________
__________________________________________________________________________________________________________
__________________________________________________________________________________________________________

Question 3. If selected for STEP, what would cause you to want to quit the program?

__________________________________________________________________________________________________________
__________________________________________________________________________________________________________
__________________________________________________________________________________________________________
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__________________________________________________________________________________________________________
__________________________________________________________________________________________________________
__________________________________________________________________________________________________________
__________________________________________________________________________________________________________
This section is to be completed by the parent/guardian. You may respond on this form or write on a separate piece of paper and attach it to this form.

Please respond to each of the following three questions:

**Question 1.** There are only twenty students admitted into the Strive Toward Excellence Program each year. Why should your student be one of the chosen few?

__________________________________________________________________________________________________________

__________________________________________________________________________________________________________

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Question 2 continued on back
Parent/Guardian Essay Continued

This section is to be completed by the parent/guardian. You may respond on this form or write on a separate piece of paper and attach it to this form.

**Question 2.** Program participants are required to attend the six-week summer component, the summer trip, academic year workshops, and tutorials as required by STEP Staff. Please discuss your level of commitment in aiding your child in the fulfillment of these expectations.

__________________________________________________________________________________________________________
__________________________________________________________________________________________________________
__________________________________________________________________________________________________________
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**Question 3.**

A. What would your response be if your child wanted to quit the program in the middle of the summer?

__________________________________________________________________________________________________________
__________________________________________________________________________________________________________
__________________________________________________________________________________________________________
__________________________________________________________________________________________________________
__________________________________________________________________________________________________________
__________________________________________________________________________________________________________
__________________________________________________________________________________________________________

B. Why would you respond in that manner?

__________________________________________________________________________________________________________
__________________________________________________________________________________________________________
__________________________________________________________________________________________________________
__________________________________________________________________________________________________________
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__________________________________________________________________________________________________________
__________________________________________________________________________________________________________
**Please complete this form accurately and list all information**

Please provide all facts concerning the student’s medical history. This information is used to better accommodate our participants.

### Part I: Student Medical Background (Please Print)

**Does the student currently have or has had any of the following conditions. If yes, please mark the box beside the condition and explain. Ex. Cancer: throat cancer**

<table>
<thead>
<tr>
<th>Condition</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>cancer</td>
<td></td>
</tr>
<tr>
<td>heart disorder</td>
<td></td>
</tr>
<tr>
<td>seizure disorder</td>
<td></td>
</tr>
<tr>
<td>stomach disorder</td>
<td></td>
</tr>
<tr>
<td>suicidal attempts/desire</td>
<td></td>
</tr>
<tr>
<td>arthritis</td>
<td></td>
</tr>
<tr>
<td>emotional or mood disorder</td>
<td></td>
</tr>
<tr>
<td>kidney disorder</td>
<td></td>
</tr>
<tr>
<td>genetic disorder</td>
<td></td>
</tr>
<tr>
<td>menstrual problems</td>
<td></td>
</tr>
<tr>
<td>joint disorder/injuries</td>
<td></td>
</tr>
<tr>
<td>back problems</td>
<td></td>
</tr>
<tr>
<td>eye problems</td>
<td></td>
</tr>
<tr>
<td>ear problems</td>
<td></td>
</tr>
<tr>
<td>nose or throat problems</td>
<td></td>
</tr>
<tr>
<td>respiratory problems</td>
<td></td>
</tr>
<tr>
<td>disabilities</td>
<td></td>
</tr>
</tbody>
</table>

### Part II: Allergies (Please Print)

Please list all allergies, threatening and non-threatening.

<table>
<thead>
<tr>
<th>Allergy</th>
<th>Reaction to Allergy</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
</tr>
</tbody>
</table>

### Part III: Professional Counseling (Please Print)

Please list counseling history. Ex. Depression, Family counseling, ADHD

<table>
<thead>
<tr>
<th>Type of Counseling</th>
<th>Agency</th>
<th>Dates</th>
<th>Currently Attending</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td>Yes ___ No ___</td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td>Yes ___ No ___</td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
<td>Yes ___ No ___</td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
<td>Yes ___ No ___</td>
</tr>
</tbody>
</table>
I understand that as a parent/guardian of a Firestone Fellows student, I have special responsibilities. If my student is admitted into the Firestone Fellows Strive Toward Excellence Program, I agree to the following:

1. To encourage my child to abide by the rules and regulations of the Firestone Fellows Strive Toward Excellence Program and to participate in the various planned activities.

2. To participate with my student in the Mandatory Program Workshops held during the academic school year.

3. To follow through on staff recommendations/requirements regarding my student.

4. To encourage my student to attend college and to excel in the classroom in middle school and high school.

5. To encourage my student to enroll in college-preparatory courses in school.

6. To enroll my child in an Akron Public School for high school to qualify for either Upward Bound Classic or Upward Bound Math Science. I understand that when he/she graduates from the eighth grade, he/she will then move into either the Upward Bound Classic or Upward Bound Math Science Program at The University of Akron and will be expected to abide by their rules and regulations. Failure to do so, will result in the loss of all future STEP benefits.

7. That my student must attend the six-week summer program and the summer trip each summer of middle school.

8. I understand that by my student not completing the program, he/she will have prevented another student from receiving this opportunity.

9. I understand that my students’ on-going enrollment in STEP is a privilege and not a right.

___________________________________________________
Print Name

___________________________________________________
Parent/Guardian Signature  ____________________________
Date
I understand that as a Firestone Fellow student, I have special responsibilities. If admitted into the Firestone Fellows Strive Toward Excellence Program, I agree to the following:

1. To abide by the rules and regulations of the Firestone Fellows Strive Toward Excellence Program and to participate in the various planned activities.
2. To participate in the Mandatory Program Workshops held during the academic school year.
3. To attend the six-week summer program and the summer trip each summer during middle school.
4. To excel in the classroom in middle school and high school.
5. To enroll in college-preparatory courses in school.
6. To follow through on staff recommendations/requirements regarding my participation in the program.
7. To enroll in an Akron Public School for high school to qualify for either Upward Bound Classic or Upward Bound Math Science. I understand that when I graduate from eighth grade, I will then move into the Upward Bound Classic or Upward Bound Math Science Program at The University of Akron and will be expected to abide by their rules and regulations. Failure to do so, will result in the loss of all future STEP benefits.
8. I understand that by not completing the program, I will have prevented another student from receiving this opportunity.
9. I understand that my on-going enrollment in STEP is a privilege and not a right.

___________________________________________________
Print Name

___________________________________________________
Parent/Guardian Signature  ___________ Date
Staff

Ms. Mary Williams
Interim Program Director
Dr. Joseph Boateng
Academic Advisor