The University of Akron * Firestone Fellows

Strive Toward Excellence Program

Buckingham Suite 58 * Akron, OH 44325-7910 * 330.972.6683

APPLICATION 2023
Applications must be returned to the STEP Office by March 3, 2023

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 TBD. 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
The University of Akron
Strive Toward Excellence Program
ATTN: Application Processing
Buckingham Suite 58
Akron, OH 44325-7910

SCAN/E-MAIL
carlucc@uakron.edu

FAX
330.972.8658

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

- **March 3**: Application Due
- **TBD**: Interview Day
- **TBD**: STEP Recognition Banquet
- **TBD**: STEP Pre-Testing & Orientation Meeting
- **6-19-2023**: Summer Program Begins
- **7-28-2023**: Summer Program Ends
- **07-31 thru 08-05**: Summer Trip (Tentative Dates)
Student Information

Last Name                                                                             First Name
Middle Name

Home Address                                                                                                                City
Zip Code

Primary Telephone Number
(_______)  ____________ - ______________  □ Home  □ Cellular

Alternate Telephone Number
(_______)  ____________ - ______________  □ Cell  □ Neighbor  □ Relative

• Email address:_____________________________________________________
  How often do you check this E-mail? □ Daily  □ Weekly  □ Monthly

• Texting:
  How can you be reached by text?________________________________________

Current Grade

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.

Permanent Resident Number: ____________________
Date issued: ____________________
The University of Akron * Firestone Fellows
Strive Toward Excellence Program

Parent Information

With whom does the applicant reside?  □ Mother  □ Father  □ Both  □ Guardian: (relationship) __________________

MOTHER/GUARDIAN 1 INFORMATION

Is mother living?  □ Yes  □ No
Relationship to student?
□ Natural  □ Adoptive Parent  □ Other: ___________

Name
__________________________________________________
Address
__________________________________________________
Occupation
(_________)  ___________ - ___________
□ Home  □ Cellular
(_________)  ___________ - ___________
Alternate Telephone Number
□ Cellular  □ Neighbor  □ Relative  □ Work

Do you speak, read, and write English well?  □ Yes  □ No

Highest Level of Education Completed
□ High School Graduate
□ Associate Degree
□ Bachelor Degree
□ Graduate Degree

FATHER/GUARDIAN 2 INFORMATION

Is father living?  □ Yes  □ No
Relationship to student?
□ Natural  □ Adoptive Parent  □ Other: ___________

Name
__________________________________________________
Address
__________________________________________________
Occupation
(_________)  ___________ - ___________
□ Home  □ Cellular
(_________)  ___________ - ___________
Alternate Telephone Number
□ Cellular  □ Neighbor  □ Relative  □ Work

Do you speak, read, and write English well?  □ Yes  □ No

Highest Level of Education Completed
□ High School Graduate
□ Associate Degree
□ Bachelor Degree
□ Graduate Degree

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.

Actual taxable income  $ ___________

□ $0 - $18,735  □ $18,736 - $25,365  □ $25,366 - $31,995
□ $31,996- $38,625  □ $38,626 - $42,255  □ $45,256 - $51,885
□ $51,886- $58,515  □ $58,516 - $65,145  □ $65,146 and up

How many in the household are supported by this income?  _____

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.

____________________________________________________  ______________________________
Parent/Guardian Signature  Date
Student Essay

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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Student Essay Continued

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

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

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Strive Toward Excellence Program
The University of Akron * Firestone Fellows

Parent/ Guardian Essay

APPLICANT NAME: _____________________________________________________________ GRADE: ___

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?

__________________________________________________________________________________________________________
__________________________________________________________________________________________________________
__________________________________________________________________________________________________________
__________________________________________________________________________________________________________
__________________________________________________________________________________________________________
**Student Medical History**

**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)**

<table>
<thead>
<tr>
<th>Condition</th>
<th>Mark</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>cancer</td>
<td></td>
<td></td>
</tr>
<tr>
<td>heart disorder</td>
<td></td>
<td></td>
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<tr>
<td>seizure disorder</td>
<td></td>
<td></td>
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<tr>
<td>stomach disorder</td>
<td></td>
<td></td>
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<tr>
<td>suicidal attempts/desire</td>
<td></td>
<td></td>
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<tr>
<td>arthritis</td>
<td></td>
<td></td>
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<tr>
<td>emotional or mood disorder</td>
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<td></td>
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<tr>
<td>kidney disorder</td>
<td></td>
<td></td>
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<tr>
<td>genetic disorder</td>
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<td></td>
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<tr>
<td>menstrual problems</td>
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<tr>
<td>joint disorder/injuries</td>
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<tr>
<td>back problems</td>
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<tr>
<td>eye problems</td>
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<tr>
<td>ear problems</td>
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<tr>
<td>nose or throat problems</td>
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<tr>
<td>respiratory problems</td>
<td></td>
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<tr>
<td>disabilities</td>
<td></td>
<td></td>
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<tr>
<td>other</td>
<td></td>
<td></td>
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</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>
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<td>2.</td>
<td></td>
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<tr>
<td>3.</td>
<td></td>
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<tr>
<td>4.</td>
<td></td>
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<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>
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<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.
The University of Akron * Firestone Fellows 
Strive Toward Excellence Program

**Student Statement**

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
Deborah Stone,
Program Director

Debbie Lemon,
Administrative Secretary