

The University of Akron * Firestone Fellows

Strive Toward Excellence Program

*220 Wolf Ledges Parkway
Rm. 58 Buckingham Bldg. * Akron, OH 44325-7908
330.972.6607*

APPLICATION

2025

Deadline: February 21, 2025

*For more information, please contact:
Ms. Mary Williams, Interim STEP Program Director
mbw1@uakron.edu
Dr. Joseph Boateng, Academic Advisor
jb54@uakron.edu
Ms. Lily Hunger, Administrative Secretary
lah127@uakron.edu*

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Applications must be returned to the STEP Office by February 21, 2025

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 1st** 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
55 Buckingham
Akron, OH 44325-7908

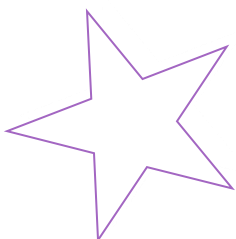
SCAN/E-MAIL
mbw1@uakron.edu

FAX
330.972.8658

Important Dates

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

February 21st	Application Due
March 1st	Interview Day
May 1st	STEP Recognition Banquet
TBD	STEP Pre-Testing & Summer Orientation
TBD	Meeting Summer Program
TBD	Begins Summer Program Ends
TBD	Summer Trip (<u>Tentative Dates</u>)



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Student Information

Last Name First Name Middle Name

Home Address City Zip Code

() - Home Cellular Primary Telephone Number Current Grade

() - Cell Neighbor Relative Alternate Telephone Number Gender

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

• Texting: _____
How can you be reached by text? _____ Date of Birth

Name of current school

Age

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 \$25,737 - \$31,995

\$31,996 - \$38,625 \$38,626 - \$45,255 \$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 _____

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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 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)

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

- | | |
|--|--|
| <input type="checkbox"/> cancer: _____ | <input type="checkbox"/> heart disorder: _____ |
| <input type="checkbox"/> seizure disorder: _____ | <input type="checkbox"/> stomach disorder: _____ |
| <input type="checkbox"/> suicidal attempts/desire: _____ | <input type="checkbox"/> arthritis: _____ |
| <input type="checkbox"/> emotional or mood disorder: _____ | <input type="checkbox"/> kidney disorder: _____ |
| <input type="checkbox"/> genetic disorder: _____ | <input type="checkbox"/> menstrual problems: _____ |
| <input type="checkbox"/> joint disorder/injuries: _____ | <input type="checkbox"/> back problems: _____ |
| <input type="checkbox"/> eye problems: _____ | <input type="checkbox"/> ear problems: _____ |
| <input type="checkbox"/> nose or throat problems: _____ | <input type="checkbox"/> respiratory problems: _____ |
| <input type="checkbox"/> disabilities: _____ | <input type="checkbox"/> other: _____ |

Part II: Allergies (Please Print)

Please list all allergies, threatening and non-threatening.

	Allergy	Reaction to Allergy
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____

Part III: Professional Counseling (Please Print)

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

	Type of Counseling	Agency	Dates	Currently Attending
1.	_____	_____	_____	Yes ____ No ____
2.	_____	_____	_____	Yes ____ No ____
3.	_____	_____	_____	Yes ____ No ____
4.	_____	_____	_____	Yes ____ No ____

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Parent/Guardian Statement

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

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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

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Academic Advisor

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