Clarkson

IMPETUS for Career Success
Funded by NY State Education Department

INSTITUTE FOR
STEM EDUCATION

Dear Parent/Guardian of _____,

Your student is being recommended to apply for the IMPETUS for Career Success program with Clarkson University. The program is part of a Science and Technology Entry Program (STEP) that Clarkson University coordinates.

Students must be recommended by a teacher and/or administrator from the school district.

The primary goal of IMPETUS, ***I****ntegrated* ***M****athematics and* ***P****hysics for* ***E****ntry* ***to U****ndergraduate* ***STEM***, for Career Success is to provide improved and increased opportunities for underrepresented minorities and students from economically disadvantaged rural areas to realize their potential for college entry as STEM (Science, Technology, Engineering and Mathematics) majors and for eventual career success in technically oriented professions. The main components of the IMPETUS program are:

- Roller Coaster Summer Camp on Clarkson University Campus (standards driven content, inquiry-based learning and research).
- Academic Year Program providing hands-on STEM activities.
- Support and after-school activities throughout the year for up to 192 students and teachers in 8 school districts in St. Lawrence, Lewis and Jefferson counties.
- Students working with Clarkson University Mentors through the STEM Success Buddies program. They will get personlized tutoring, complete self-assessment exercises, set short and long term goals, plan for their future careers and learn about the college application process and financial aid/scholarships.
- A STEM career opportunities program coordinated with professional advisors from Clarkson University Career Center and visitors to Clarkson's Career Fairs.
- Cash stipends ($500) for students who remain in the program through graduation.

Please **fully** complete the attached application and return it to your child's teacher/administrator. Upon review of your child's application we may need to verify your family income. We will notify you if additional information is needed.

Congratulations on the recommendation to join IMPETUS for Career Success! If you have any questions or concerns regarding the application or the program, please feel free to contact Dr. Kathleen Kavanagh (315) 268-3791 or email at kkavanag@clarkson.edu.

Dr. Kathleen Kavanagh
Director of Clarkson STEP Program, Clarkson University

Dr. Kathleen Kavanagh Department of Mathematics
Clarkson University • 8 Clarkson Avenue • Box 5630• Potsdam, NY 13699
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2025-2026 STEP (IMPETUS) Application

To be kept on file, subject to review by SED (State Education Department)

STUDENT INFORMATION

Student Name: _____Date:_____

Student Mailing Address: _____

_____

Date of Birth: _____/_____/20_____ Student School Email: _____
month day year

Grade Level* (circle one): 6 7 8 9 10 11 12 Other _____
(*For summer applicants, please circle the grade your child is going into for the fall.)

Gender: ☐ Female ☐ Male ☐ Non-binary

Ethnicity: ☐ African-American* ☐ Asian-American/Pacific Islander ☐ White/Caucasian-American
**(Includes all individuals of African decent)*

☐ Hispanic/Latino ☐ Native American Indian/Alaskan Native

☐ Other _____

Is the student a NYS resident? ☐ Yes ☐ No Number of members in household: _____

Student's T-shirt size _____

School District Name: _____

School District Phone Number: ( ) _____

NOTE: Student report cards must also be kept on file for all terms the student participates in STEP and will be requested from the schools annually.

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PARENT/GUARDIAN/CAREGIVER INFORMATION
(All information is required)

Parent/Guardian Name(s): _____

Parent/Guardian Mailing Address: _____

_____

Cell Phone: (____)_____Daytime Phone: (____)_____Other phone: (____)_____

Parent/Guardian Email Address: _____

IMPETUS NEWSLETTER: Would you like to receive the IMPETUS newsletter, which contains updates about program activities, summaries of what your students have been doing, links to our social media, and other important information? (Email will be sent to the parent/guardian address. If you'd like it to be sent somewhere else, please use the "Other" option.)

☐ Yes, I'd like to receive the IMPETUS newsletter.
☐ No, I prefer not to receive an IMPETUS newsletter.

Other: _____

STUDENT PHOTOGRAPHS/VIDEOS/SOCIAL MEDIA: Periodically, photographs and videos of student or student activities are requested for use by the press, other news media or the IMPETUS web site and social media, in order to feature an educational program or topic concerning our schools. Such photographs or videos are only provided with your permission which may be revoked at any time by submitting a revised form.

Please check ONE:

☐ Yes, I give permission for the release of my photographs/videos to the media or Clarkson University website designer for print, broadcast, or other publication purposes.

☐ No, I do not give permission for the release of any of my photographs/videos to the media or Clarkson University website designer for print, broadcast, or other publication purposes

Parent/Guardian Signature: _____Date: _____

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Participation Signatures

I, _____, agree to participate in the Science and Technology Program (STEP) at Clarkson University. As a participant, I will be on time and attend all activities as scheduled. I understand that my signature on this document constitutes an agreement between myself and Clarkson University.

_____ _____
Student Signature Date

I (we), _____, give permission for _____
Name(s) of parent/guardian Name of student

to participate in the Science and Technology Program (STEP) at Clarkson University. I/we authorize Clarkson University to obtain and review school records. I (we) understand that all information will be kept confidential.

_____ _____
Parent/Guardian Signature Date

_____ _____
Parent/Guardian Signature Date

I _____hereby certify that_____is free/reduced lunch eligible.
School District Official Name of Student

_____ _____
Signature School District Official Date

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EMERGENCY MEDICAL PERMISSION

PURPOSE: To enable parents/guardians to authorize emergency treatment for students who become ill or injured when parents/guardians cannot be reached.

Student Name: _____ Date of Birth: _____

Parent/Guardian Name(s): _____

Cell Phone: (____)_____Daytime Phone: (____)_____Other phone: (____)_____

Family Doctor Name: _____Doctor Phone: (____)_____

Family Dentist Name: _____Dentist Phone: (____)_____

In the event reasonable attempts to contact me at the above phone numbers have been unsuccessful, please contact one of the following:

NAME	PHONE NUMBER	RELATIONSHIP TO CHILD
_____	_____	_____
_____	_____	_____

If those attempts have been unsuccessful, I hereby give my consent for the administration of any treatment deemed necessary by the emergency room physician or dentist. This authorization does not cover major surgery unless the medical opinions or two other licensed physicians or dentists, concurring in the necessity of such surgery, are obtained **BEFORE** the surgery **IS PERFORMED**.

Does the student have allergies? **No** **Yes** - please list: _____

_____

Please list any medications taken by student: _____ Time: _____Dosage: _____

_____ Time: _____Dosage: _____

_____ Time: _____Dosage: _____

Parent/Guardian Signature: _____Date: _____

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