

**Sister to Sister International, Inc. (STSI)**  
**STEAM Academy (October 1 – May 31<sup>st</sup>)**

**PLEASE PRINT ALL INFORMATION**

Application Date: \_\_\_/\_\_\_/\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_

Address \_\_\_\_\_ Apt. \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

E-mail address \_\_\_\_\_ Phone (Home) \_\_\_\_\_

Grade \_\_\_\_\_ Name of School \_\_\_\_\_

Average grade this year in Math \_\_\_\_\_ Science \_\_\_\_\_

Guidance Counselor or Teacher Name \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Cell # \_\_\_\_\_

E-mail \_\_\_\_\_

**APPLICATIONS ARE REVIEWED ON A REVOLVING BASIS**

**A Completed Application Package Requires:**

- A completed application form;
- A (1.5 to 2) page letter noting your academic and community accomplishments, thus far and why you think participating in our STEAM Academy will be beneficial to you;
- A letter of recommendation on letterhead from a school, or civic member of the community who has worked with you for at least 6 months and can attest to your commitment/work ethic;
- A copy of your most recent report card or transcript;
- An interview for all finalist will be required prior to admission.

**SELECTION PROCESS & CRITERIA**

The selection process will include a review of all completed application packages by a STSI Review Committee from diverse academic and professional backgrounds. Applicants will be judged based on their interest in pursuing a career or being exposed to STEAM / Health Careers, academic success, proven ability to work with others, and desire to make contributions to our community and society-at-large. (Over – signature required)

**\*STEAM Camp applicants should be Black or girls of color, who reside or attend schools in Westchester County and will be in the (7<sup>th</sup> – 12<sup>th</sup>) grades in school next year. Parent/guardians are responsible for student transportation to and from the academy host site.**

**Questions, please call: 914.207.0368 or email us at [stsi@optonline.net](mailto:stsi@optonline.net)**

Name of Parent/Guardian Print \_\_\_\_\_ Date: \_\_\_\_\_ Signature of Parent/Guardian \_\_\_\_\_

**Mail Completed Applications to:  
Sister to Sister International, Inc.  
P.O. Box 351 Yonkers, N.Y. 10703  
Attn: STEAM Academy**