



Science & Technology Entry Program
Monroe Community College



Name: _____

Check off the box next to the general STEP categories in which you have an interest:

- | | | |
|--------------------------------------|---|---|
| <input type="checkbox"/> Mathematics | <input type="checkbox"/> Science | <input type="checkbox"/> Law |
| <input type="checkbox"/> Technology | <input type="checkbox"/> Health-Related | <input type="checkbox"/> Other: (specify) _____ |

Check off the box next to the New York state licensed professions in which you have an interest:

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> Acupuncture | <input type="checkbox"/> Dentistry | <input type="checkbox"/> Mental Health Practitioner | <input type="checkbox"/> Psychology |
| <input type="checkbox"/> Architecture | <input type="checkbox"/> Dietetics - Nutrition | <input type="checkbox"/> Midwifery | <input type="checkbox"/> Public Accountancy |
| <input type="checkbox"/> Athletic Training | <input type="checkbox"/> Engineering | <input type="checkbox"/> Nursing | <input type="checkbox"/> Respiratory Therapy |
| <input type="checkbox"/> Audiology | <input type="checkbox"/> Interior Design | <input type="checkbox"/> Occupational Therapy | <input type="checkbox"/> Social Work |
| <input type="checkbox"/> Certified Shorthand Reporting | <input type="checkbox"/> Land Surveying | <input type="checkbox"/> Ophthalmic Dispensing | <input type="checkbox"/> Speech-Language Pathology |
| <input type="checkbox"/> Chiropractic | <input type="checkbox"/> Landscape Architecture | <input type="checkbox"/> Optometry | <input type="checkbox"/> Veterinary Medicine |
| <input type="checkbox"/> Clinical Laboratory Technology | <input type="checkbox"/> Massage Therapy | <input type="checkbox"/> Pharmacy | |
| | <input type="checkbox"/> Medical Physics | <input type="checkbox"/> Physical Therapy | |
| | <input type="checkbox"/> Medicine | <input type="checkbox"/> Podiatry | |

Answer the following questions:

After I graduate high school, I hope to:

My weakest subject in school is:

In ten years, I would like to have a career as a:

The school subject that I dislike most is:

My strongest subject in school is:

I am passionate about:

The school subject I like most is:

Three words that describe me are:

Check off the box next to the STEP services that you are interested in:

- | | | |
|--|--|--|
| <input type="checkbox"/> Tutoring | <input type="checkbox"/> College Visits | <input type="checkbox"/> STEP Honor Society |
| <input type="checkbox"/> Saturday College | <input type="checkbox"/> College Planning Workshops | <input type="checkbox"/> STEP Student Government |
| <input type="checkbox"/> Skill-Building Workshops | <input type="checkbox"/> Science Fairs | <input type="checkbox"/> Having a Mentor |
| <input type="checkbox"/> SAT Prep | <input type="checkbox"/> Research Projects | <input type="checkbox"/> Being a Peer Mentor |
| <input type="checkbox"/> Career Workshops | <input type="checkbox"/> Cultural Awareness Activities | <input type="checkbox"/> STEP Conference |
| <input type="checkbox"/> Job Shadows | <input type="checkbox"/> (museums, plays, etc.) | <input type="checkbox"/> Summer Program |
| <input type="checkbox"/> Internships | <input type="checkbox"/> Community Service | <input type="checkbox"/> Awards |
| <input type="checkbox"/> Career Site Visits (businesses, labs, etc.) | <input type="checkbox"/> Leadership Opportunities | |

