

# 2010-2011 Applicant Information Form

## Educational Opportunity Program • The California State University

You may complete this form online ONLY if you apply for admission online at [www.csumentor.edu](http://www.csumentor.edu).

To be considered for EOP, you must submit this form and the CSU undergraduate application for admission. Print in ink or type. Answer all questions on the form.

1. Name    2. Social Security No.

Last First Initial

3.      4. Home Phone No.

Mailing Address Apt. No. City State Zip Code Area Code Phone Number

E-mail Address

5. Name and phone number where we may leave a message if you cannot be reached at home:

Name  Phone No.

Area Code Phone Number

6. Birthdate:  7. Sex:  M  F 8. Major/career interest:

9. Campus to which you are applying:  10. Term/Year

11. Enter code for total college transfer semester units you will have completed at time of entry/re-entry in CSU.  
Enter code in box  (Include units in progress and planned)  
0 - No units completed later than the summer following high school graduation 1 - fewer than 30 units 2 - 30-59.5 semester units  
3 - 60-89.5 semester units 4 - 90 or more semester units 5 - Have bachelor's degree or equivalent (Semester units = Quarter units x 2/3)

12. School last attended (school name, city, state)

13. If not a high school graduate, have you completed the GED (General Education Development) test?  Yes  No

14. Have you participated in any of the following educational programs? Please check below.

	Date	Campus/Location
<input type="checkbox"/> Avid	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Upward Bound	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Talent Search or _____ EOC	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Community College EOP&S	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> CSU EOP	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Puente Project	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Independent Living Skills Program	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Other	<input type="text"/>	<input type="text"/>

15. Where do you plan to live while attending college? (Check one) On-campus housing  With parents   
Off-campus apartment or house  Guardian or relative  Other

### Biographical and Educational Information

16. What are your parents' highest levels of formal education? Enter code in box for: Mother  Father   
1 - No high school 3 - High school graduate 5 - 2-year college graduate 7 - Postgraduate  
2 - Some high school 4 - Some College 6 - 4-year college graduate

17. How many brothers and sisters are currently attending schools? K-12  Attended or are attending college   
Received bachelor's degree

18. What languages are spoken in your home?

## Ethnic and Racial Identity

To conform with the new guidelines of the U.S. Federal Office of Management and Budget (<http://www.whitehouse.gov/omb>), the California State University must collect from applicants detailed information about their ethnic and racial backgrounds.

If you select "Yes" in Question 19a, a response to Question 19b is required. Please do not select more than one response in Question 19b as only ONE response is allowed. If you have selected "No" or "Decline to State," do not answer Question 19b.

### Ethnicity

19a. In regard to your ethnicity, do you consider yourself Hispanic or Latino? Yes  No  Decline to State

*(If "No" or "Decline to State," please go to Question 20.)*

19b. If you indicated Yes on Question 19a (above), please select the ONE category below that best describes your background.

*(Do not select more than one.)*

- |                                               |                                                         |
|-----------------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> Argentinean          | <input type="checkbox"/> Panamanian                     |
| <input type="checkbox"/> Bolivian             | <input type="checkbox"/> Paraguayan                     |
| <input type="checkbox"/> Chilean              | <input type="checkbox"/> Peruvian                       |
| <input type="checkbox"/> Colombian            | <input type="checkbox"/> Puerto Rican                   |
| <input type="checkbox"/> Costa Rican          | <input type="checkbox"/> Salvadorian                    |
| <input type="checkbox"/> Cuban                | <input type="checkbox"/> Spaniard                       |
| <input type="checkbox"/> Dominican (Republic) | <input type="checkbox"/> Uruguayan                      |
| <input type="checkbox"/> Ecuadorian           | <input type="checkbox"/> Venezuelan                     |
| <input type="checkbox"/> Guatemalan           | <input type="checkbox"/> Other Central American         |
| <input type="checkbox"/> Honduran             | <input type="checkbox"/> Other South American           |
| <input type="checkbox"/> Mexican              | <input type="checkbox"/> Other Hispanic or Latino _____ |
| <input type="checkbox"/> Nicaraguan           | <i>(Please specify)</i>                                 |

### 20. Race

*(All undergraduate applicants must respond to Question 20.)*

The U.S. Census identifies the following races: White, Black or African American, American Indian or Alaska Native, Asian, and Native Hawaiian or Pacific Islander. These racial categories, as well as many sub-categories, are listed below. Mark one or as many races below as appropriate for you. You may mark as many race categories as are appropriate to you. Please mark only one sub-category for each race category that you select. If you select "Decline to State," then you cannot choose any other boxes.

**WHITE**

**BLACK or AFRICAN AMERICAN**

*(Please select the ONE sub-category that best describes your background.)*

- |                                            |                                                    |
|--------------------------------------------|----------------------------------------------------|
| <input type="checkbox"/> European          | <input type="checkbox"/> African American          |
| <input type="checkbox"/> Middle Easterner  | <input type="checkbox"/> Black                     |
| <input type="checkbox"/> North African     | <input type="checkbox"/> Haitian                   |
| <input type="checkbox"/> Other White _____ | <input type="checkbox"/> Other African/Black _____ |
| <i>(Please specify)</i>                    | <i>(Please specify)</i>                            |

**AMERICAN INDIAN or ALASKA NATIVE**

*(Please select the ONE sub-category that best describes your background.)*

- Achomawi/Achumawi
- Cahto (e.g., Cahto Indian Tribe of the Laytonville)
- Cahuilla (e.g., Agua Caliente Band of Cahuilla Indians)
- Chemehuevi (e.g., Chemehuevi Indian Tribe of the Chemehuevi Reservation, California)
- Chumash (e.g., Santa Ynez Band of Chumash Mission)
- Costanoan/Ohlone
- Cupeno (e.g., Los Coyotes Band of Cahuilla & Cupeno)
- Gabrielino/Tongva
- Hupa/Hoopa (e.g., Hoopa Valley Tribe, California)
- Karuk (e.g., Karuk Tribe of California)
- Kumeyaay (e.g., Ewiiapaayp Band of Kumeyaay)
- Luiseno (e.g., La Jolla Band of Luiseno Mission)
- Maidu (e.g., Enterprise Rancheria of Maidu Indians)
- Miwok (e.g., Lone Band of Miwok Indians)
- Mojave (e.g., Fort Mojave Indian Tribe of Arizona)
- Ohlone
- Paiute (e.g., Fort Independence Indian Community of Paiute Indians of the Fort)
- Pomo (e.g., Coyote Valley Band of Pomo Indians)
- Quechan (e.g., Quechan Tribe of the Fort Yuma Indians)
- Serrano (e.g., San Manuel Band of Serrano Mission)
- Shoshone (e.g., Paiute-Shoshone Indians of the Bishop Community of the Bishop Colony)
- Tolowa
- Wappo
- Washoe
- Western Mono (e.g., Big Sandy Rancheria of Mono Indians)
- Wintun (e.g., Cachil DeHe Band of Wintun Indians of the Colusa Indian Community)
- Wiyot (e.g., Wiyot Tribe, California/formerly the Table Bluff Reservation - Wiyot Tribe)
- Yokuts
- Yuki
- Yurok (e.g., Yurok Tribe of the Yurok Reservation)
- Latin American Indian

Other American Indian Tribes \_\_\_\_\_  
*(Please specify)*

Other Alaska Native Tribes \_\_\_\_\_  
*(Please specify)*

**ASIAN**

*(Please select the ONE sub-category that best describes your background.)*

- |                                                     |                                       |                                      |
|-----------------------------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> Asian Indian               | <input type="checkbox"/> Indo Chinese | <input type="checkbox"/> Nepalese    |
| <input type="checkbox"/> Bangladeshi                | <input type="checkbox"/> Indonesian   | <input type="checkbox"/> Okinawan    |
| <input type="checkbox"/> Bhutanese                  | <input type="checkbox"/> Iwo Jiman    | <input type="checkbox"/> Pakistani   |
| <input type="checkbox"/> Burmese                    | <input type="checkbox"/> Japanese     | <input type="checkbox"/> Singaporean |
| <input type="checkbox"/> Cambodian                  | <input type="checkbox"/> Korean       | <input type="checkbox"/> Sri Lankan  |
| <input type="checkbox"/> Chinese (except Taiwanese) | <input type="checkbox"/> Laotian      | <input type="checkbox"/> Taiwanese   |
| <input type="checkbox"/> Filipino                   | <input type="checkbox"/> Malaysian    | <input type="checkbox"/> Thai        |
| <input type="checkbox"/> Hmong                      | <input type="checkbox"/> Maldivian    | <input type="checkbox"/> Vietnamese  |
| <input type="checkbox"/> Other Asian _____          |                                       |                                      |

*(Please specify)*

**NATIVE HAWAIIAN or OTHER PACIFIC ISLANDER**

*(Please select the ONE sub-category that best describes your background.)*

- |                                                |                                                       |
|------------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> Carolinian            | <input type="checkbox"/> Saipanese                    |
| <input type="checkbox"/> Chuukese              | <input type="checkbox"/> Samoan                       |
| <input type="checkbox"/> Fijian                | <input type="checkbox"/> Solomon Islander             |
| <input type="checkbox"/> Guamanian or Chomorro | <input type="checkbox"/> Tahitian                     |
| <input type="checkbox"/> I-Kiribati            | <input type="checkbox"/> Tokelauan                    |
| <input type="checkbox"/> Kosraean              | <input type="checkbox"/> Tongan                       |
| <input type="checkbox"/> Mariana Islander      | <input type="checkbox"/> Yapese                       |
| <input type="checkbox"/> Marshallese           | <input type="checkbox"/> Other Melanesian             |
| <input type="checkbox"/> Native Hawaiian       | <input type="checkbox"/> Other Micronesian            |
| <input type="checkbox"/> Ni-Vanuatu            | <input type="checkbox"/> Other Polynesian             |
| <input type="checkbox"/> Palauan               | <input type="checkbox"/> Other Pacific Islander _____ |
| <input type="checkbox"/> Papua New Guinean     |                                                       |
| <input type="checkbox"/> Pohnpeian             |                                                       |

*(Please specify)*

**DECLINE TO STATE**

**21. If the California State University is asked to report only ONE summary race/ethnicity description for you, please choose the ONE category below that you want us to report.**

*(All undergraduate applicants must respond to Question 21. Please check only ONE box.)*

- |                                                           |                                                                    |
|-----------------------------------------------------------|--------------------------------------------------------------------|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander |
| <input type="checkbox"/> Asian                            | <input type="checkbox"/> White                                     |
| <input type="checkbox"/> Black or African American        | <input type="checkbox"/> Two or more races/ethnicities             |
| <input type="checkbox"/> Hispanic or Latino               | <input type="checkbox"/> Decline to State                          |

**Economic Background**

The following information is used to determine history of low income:

22A. What is the current occupation/job (list job, not place of employment) for both parents?

Father's Name	<input type="text"/>	Mother's Name	<input type="text"/>
Occupation	<input type="text"/>	Occupation	<input type="text"/>

22B. What was your parent's occupation/job 10 years ago?

Father	<input type="text"/>	Mother	<input type="text"/>
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23A. Did your family receive any income during 2008-2009 from public assistance programs such as welfare, TANF, Social Security, disability, etc.?  Yes  No

If yes, list program

23B. During the past 10 years, have you or your family received any income from a public assistance program such as welfare, AFDC, TANF, Social Security, disability, etc.?  Yes  No

If yes, how many years?  Type(s) of aid

24. Have you or your family ever participated in any publicly funded programs such as subsidized housing, employment/training programs (i.e., CETA), school lunch programs, etc.?  Yes  No

If yes, list program(s)

25. Do you or any other children in your family work primarily to contribute to household expenses?  Yes  No

If yes, explain

**Financial Status**

The following information is used to determine history of low-income eligibility for EOP:

*[All applicants must complete this section and must submit the Free Application for Federal Student Aid (FAFSA). EOP may request other forms of documentation to verify self-reported income. Parental income information is required for all students, including those who are considered independent for financial purposes. Incomplete applications may not be considered.]*

26. Please indicate income of parent(s)/guardian(s) from all sources even if you don't live with them:

	2009 Estimated/Actual	2010 Estimated		2009 Estimated/Actual	2010 Estimated
Father	<input type="text"/>	<input type="text"/>	Mother	<input type="text"/>	<input type="text"/>

27. Total size of parent(s)/guardian(s) household [including applicant, parent(s), dependent children and other dependent(s)]:

28. If you are independent of parental support,

A. How many years have you lived apart from parent(s)? Years

B. What is your (and your spouse's) total family income? 2009 Actual  2010 Estimated

C. Total size of your household (including applicant, spouse, dependent children and other dependents):

D. Number of dependent children in household:

E. Are both parents deceased?  Yes  No

F. Are you or were you (until age 18) a foster youth?  Yes  No Or a ward/dependent of the court?  Yes  No

29. Have you completed the 2010-2011 Free Application for Federal Student Aid (FAFSA) and mailed it to the central processing service?

Yes Date submitted   No Date you plan to submit FAFSA

**All EOP applicants must submit the FAFSA**

Applicant's Name

Social Security No.

## Autobiographical Statement

Answers to the following questions will help us determine your motivation and preparation to undertake college work. Please answer as precisely and honestly as possible. Use complete sentences and avoid responses such as "yes" or "no."

30. List any volunteer, extracurricular activities, or work experience in which you are or have been involved in the past two years.

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31. Why would you like to attend college? Discuss your career and personal goals. Are there any particular circumstances, school experiences, or persons that influenced your preparation or motivation to attend college (e.g., cultural/financial background, family, teachers, schools you attended)? Please explain.

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32. Briefly discuss your academic background. Did you utilize any additional support at your high school, such as tutoring? Do your grades in high school and/or college reflect your academic ability or potential?

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33. Briefly describe your family's economic background. Include information about your financial challenges.

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34. Please tell us more about yourself. Is there any additional information you would like EOP to consider in determining your admission to the program?

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I certify the information submitted in connection with my application to EOP is complete and accurate.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# 2010-2011 Recommendation Form

## Educational Opportunity Program • The California State University

Applicant's Name

Last                      First                      Initial                      Area Code                      Phone Number                      Social Security Number

Address

Number                      Street                      Apt. No.                      City                      State                      Zip Code

Campus Applying To

Term/Year

### To the Student:

Complete the above information and give this form to a counselor, teacher, community member, employer, or any individual who can comment about your potential to succeed in college. **This form should not be completed by a family member or by the EOP Applicant. The EOP program requires two (2) recommendations.**

### To the Individual Completing this Form:

The person whose name appears above has applied for admission to the Educational Opportunity Program (EOP) at a CSU campus. The EOP selection committee would appreciate you answering the questions below in a specific and candid manner, noting in particular incidents that illustrate the student's maturity, initiative, and academic potential to succeed in college. If your relationship with the applicant does not allow you to make an evaluation of any item, please indicate "N/A" or not applicable. Please understand that your recommendation may be made available for inspection at the student's request pursuant to the Family Educational Rights and Privacy Act of 1974 and related laws and regulations.

Your Name  Position

School/Organization  Phone Number

Area Code                      Phone Number

Address

Number                      Street                      City                      State                      Zip Code

1. How long have you known the applicant? \_\_\_\_\_ years \_\_\_\_\_ months. Under what circumstances?

2. Based on your knowledge of the applicant, check how you rate his/her academic skills.

	Outstanding	Above Average	Average	Needs Improvement
1. Academic achievement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Writing skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Reading skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Math skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Academic potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Check how you rate the applicant's characteristics and motivation.

	Strongly Agree	Agree	Agree Somewhat	Disagree
1. Has positive self-image	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Demonstrates leadership capability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Self-starter, has intellectual curiosity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Is highly motivated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Survives frustrating experiences, is tolerant of minor disappointments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Has potential for growth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Applicant's Name

Social Security No.

4. What qualities best describe this applicant?

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5. To your knowledge, does this applicant have a historically disadvantaged background (i.e., low income for several years, first-generation college student, inner-city or migrant family)?

Yes  No

Why? 

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6. Why do you believe this student qualifies for EOP, and what services or assistance would you recommend to help him/her to succeed in college?

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7. Please discuss any barriers to achievement the applicant has faced. Do you believe they will affect his/her performance in college?

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8. What is your assessment of the student's potential, motivation, or capability for undertaking college work and potential to succeed in college?

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Signature \_\_\_\_\_ Date \_\_\_\_\_

# 2010-2010 Recommendation Form

## Educational Opportunity Program • The California State University

Applicant's Name

Last                      First                      Initial                      Area Code                      Phone Number                      Social Security Number

Address

Number                      Street                      Apt. No.                      City                      State                      Zip Code

Campus Applying To

Term/Year

### To the Student:

Complete the above information and give this form to a counselor, teacher, community member, employer, or any individual who can comment about your potential to succeed in college. **This form should not be completed by a family member or by the EOP Applicant. The EOP program requires two (2) recommendations.**

### To the Individual Completing this Form:

The person whose name appears above has applied for admission to the Educational Opportunity Program (EOP) at a CSU campus. The EOP selection committee would appreciate you answering the questions below in a specific and candid manner, noting in particular incidents that illustrate the student's maturity, initiative, and academic potential to succeed in college. If your relationship with the applicant does not allow you to make an evaluation of any item, please indicate "N/A" or not applicable. Please understand that your recommendation may be made available for inspection at the student's request pursuant to the Family Educational Rights and Privacy Act of 1974 and related laws and regulations.

Your Name  Position

School/Organization  Phone Number

Area Code                      Phone Number

Address

Number                      Street                      City                      State                      Zip Code

1. How long have you known the applicant? \_\_\_\_\_ years \_\_\_\_\_ months. Under what circumstances?

\_\_\_\_\_

\_\_\_\_\_

2. Based on your knowledge of the applicant, check how you rate his/her academic skills.

	Outstanding	Above Average	Average	Needs Improvement
1. Academic achievement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Writing skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Reading skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Math skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Academic potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Check how you rate the applicant's characteristics and motivation.

	Strongly Agree	Agree	Agree Somewhat	Disagree
1. Has positive self-image	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Demonstrates leadership capability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Self-starter, has intellectual curiosity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Is highly motivated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Survives frustrating experiences, is tolerant of minor disappointments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Has potential for growth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Applicant's Name

Social Security No.

4. What qualities best describe this applicant?

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5. To your knowledge, does this applicant have a historically disadvantaged background (i.e., low income for several years, first-generation college student, inner-city or migrant family)?

Yes  No

Why? 

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6. Why do you believe this student qualifies for EOP, and what services or assistance would you recommend to help him/her to succeed in college?

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7. Please discuss any barriers to achievement the applicant has faced. Do you believe they will affect his/her performance in college?

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8. What is your assessment of the student's potential, motivation, or capability for undertaking college work and potential to succeed in college?

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Signature 

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Date 

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