



Name of Applicant: _____

Institution: _____

II. PERSONAL INFORMATION

A. Please indicate your parents' level of education:

Mother: No College Some College College Graduate Graduate School

Father: No College Some College College Graduate Graduate School

B. Disability Status (**again, for statistical purposes only**): Please check "yes" if any of the disabilities listed below the check box apply to you. Otherwise, check no or decline to state.

Yes No Decline to State

- Deaf or serious difficulty hearing
- Blind or serious difficulty seeing even when wearing glasses
- Serious difficulty walking or climbing stairs
- Other serious disability related to a physical, mental, or emotional condition

C. Are you a veteran of the U.S. Armed Forces? Yes No Decline to State

D. As an undergraduate, are you eligible for need-based financial aid? Yes No

E. Are you treated as an independent student for financial aid purposes? Yes No

F. What is your **Personal** yearly income?

Less than \$10,000 \$10,001 - \$20,000 \$20,001 - \$30,000 More than \$30,000

G. What is your **Family's** yearly income?

Less than \$10,000 \$10,001 - \$20,000 \$20,001 - \$30,000 More than \$30,000

III. EDUCATIONAL INFORMATION

Major: _____ Minor (if any): _____

Class Level: _____ (e.g. freshman, sophomore, junior, senior)

Total Number of Units Completed: _____ Semester _____ Quarter _____

Total Number of Major Units Completed: _____ Semester _____ Quarter _____

G.P.A. (Do not round up):
_____ Cumulative GPA _____ GPA in Major

Date you expect to receive your CSU Undergraduate Degree: _____

Anticipated Undergraduate Degree (BA/BS): _____

Did you transfer from a California Community College? Yes No

If yes, which college: _____

If yes, how many units did you complete prior to transferring? _____

Did you complete an Associate's degree? Yes No





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IV. Student Signature/Release

Please read the statement below and sign where indicated:

The information I have submitted in my California State University LSAMPS Application is true and accurate to the best of my knowledge. I understand that to track the progress of the CSU-LSAMP students and to evaluate program effectiveness, CSU-LSAMP requires access to student information. The CSU-LSAMP program is required to report individual student data to the National Science Foundation including social security number, ethnicity, GPA, and enrollment status. This information is also used to study student transfer, retention, progression, and graduation. Photographs and research abstracts may also be obtained for use by the CSU-LSAMP program in program dissemination materials such as websites, newsletters, and reports. The student data are collected by the CSU-LSAMP Statewide Office at California State University, Sacramento and each of the 23 affiliated Alliance CSU campuses.

I authorize release and use of personal information, as described above, to the CSU-LSAMP program. I understand that this information is to be used solely for evaluating the impact and effectiveness of the CSU-LSAMP program and that individual student data will not be released to parties other than those directly involved with the program.

I have read and understand all of the statements above.

Printed Name of Applicant: _____

Signature of Applicant: _____ Date: _____

Campus Coordinator Approval and Certification

The above-named student is approved as a CSU-LSAMP student?

Yes – Is an individual who has faced or faces (check one) social educational economic barriers to careers in STEM.

No – Does not meet eligibility criteria

Printed Name of Campus Coordinator: _____

Signature of Campus Coordinator: _____ Date: _____

Student Acknowledgement – TO BE SIGNED BY STUDENT UPON APPROVAL TO PROGRAM

I understand that I have been accepted to the CSU-LSAMP Program and granted access to the various activities therein. I further understand that I must maintain expectations explained to me by the CSU-LSAMP Campus Coordinator for continued involvement in the program.

Signed: _____

Date: _____



V. Supplemental Information

1. Are you eligible for a PELL grants? Yes No
 2. Are you receiving a PELL grant this academic year? Yes No
 3. If you answered yes to question 1 **and** no to question 2, please explain why?
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4. What is your career goal after you graduate? _____
5. Have you had any opportunities to do research prior to today? Yes No
6. Are you currently doing research? Yes No
7. If YES, indicate where: _____
8. Are you interested in obtaining a graduate degree at the Master's level after you graduate?
Yes No Maybe
9. Are you interested in obtaining a graduate degree at the PhD level after you graduate?
Yes No Maybe
10. Are you interested in a MD/PhD
Yes No Maybe
11. Are you interested in teaching at any educational level?
Yes No Maybe
12. Are you interested in obtaining a professional degree (e.g., MD, OD, DDS, D Pharm, etc.)?
Yes No Maybe
13. Do you plan to get a full-time job in STEM (science, technology, engineering, mathematics) after graduating?
Yes No Maybe
14. Are you interested in participating in research with a faculty member?
Yes No Maybe
15. Are you interested in attending a professional STEM conference?
conference?
Yes No Maybe
16. Are you interested in presenting an oral/poster research presentation at a STEM?
Yes No Maybe

