

CALIFORNIA STATE UNIVERSITY LOUIS STOKES ALLIANCE FOR MINORITY PARTICIPATION PROGRAM (CSU-LSAMP) APPLICATION

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Initiated in 1993-1994, CSU-LSAMP is an alliance of the 23 campuses of the California State University (CSU) system which supports a coordinated and comprehensive system-wide approach to broadening participation in science, technology, engineering and mathematics (STEM) disciplines. Each of the CSU campuses has a CSU-LSAMP program that offers an array of activities and services designed to improve retention and graduation of undergraduate students in STEM. In addition, CSU-LSAMP seeks to increase the number of CSU-LSAMP students who enter STEM graduate programs.

To be eligible to participate in CSU-LSAMP, students must:

- Be a U.S. Citizen or Permanent Resident.
- Be enrolled at a participating campus in an undergraduate major in a STEM discipline or have expressed an interest in pursuing a STEM baccalaureate degree.
- Be an individual who has faced or faces social, educational, or economic barriers to careers in STEM.
- Each CSU-LSAMP campus program may have additional eligibility requirements. Please see the Campus Coordinator.

I. GENERAL INFORMATION					
Name:				Gender:	
Last	First		Middle	☐ Male	
Address:					
Street	City		Zip Code	_	
Telephone: ()		Email:			
		Dlace of Pir	+h·		
Date of Birth:		Place Of Bil	th: City, State, & Co		
Social Security #:	Stud	ent ID #:	·	•	
Citizenship: U.S. Citizen Per If applicable, Perma	anent Resident Registi	, <u> </u>	re "		
Ethnicity (for statistical purposes Not Hispanic or Latino	only): Hispan	ic or Latino (A pe	erson of Mexican, Puerto Rica		
Race (for statistical purposes only): Black or African-American - A person having origins in any of the black racial groups in Africa Native Hawaiian or Other Pacific Islander - A person having origins in any of the original peoples of Hawaii, Guam, Samoa, Polynesia, Micronesia, or other Pacific Islands American Indian - A person having origins in any of the original peoples of North America and maintaining cultural identification through tribal affiliation or community recognition Alaska Native - A person having origins in any of the original peoples of Alaska, including Eskimos or Aleuts		of East Asia, Soi includes, for ex- Malaysia, Pakist White - A peoples of Euro	Asian - A person having origins in any of the original peoples of East Asia, Southeast Asia, or the Indian subcontinent. This area includes, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam White - A person having origins in any of the original peoples of Europe, North Africa, or the Middle East Other (specify):		
		☐ Decline to State			







	Institution:		
II.	. Personal Information		
Α.	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		
	Disability Status (again, for statistical purposes only): Please check "yes" if any of the disabilities ed below the check box apply to you. Otherwise, check no or decline to state.		
•	☐ Yes ☐ No ☐ Decline to State Deaf or serious difficulty hearing ● Serious difficulty walking or climbing stairs Blind or serious difficulty seeing even when wearing glasses ● 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		
Е.	Are you treated as an independent student for financial aid purposes? Yes No		
10	Miles the second and the second		
г.	What is your <i>Personal</i> yearly income?		
	Less than \$10,000 \$10,001 - \$20,000 \$20,001 - \$30,000 More than \$30,000		
G.	What is your <i>Family's</i> yearly income?		
	Less than \$10,000 \$10,001 - \$20,000 \$20,001 - \$30,000 More than \$30,000		
DUCA	TIONAL INFORMATION		
Maj	ior: Minor (if any):		
Clas	ss Level:(e.g. freshman, sophomore, junior, senior)		
Tota	al Number of Units Completed: Semester Quarter		
Tota	al Number of Major Units Completed: Semester Quarter		
G.P.	.A. (Do not round up): Cumulative GPA GPA in Major		
Dat	e you expect to receive your CSU Undergraduate Degree:		
Ant	icipated Undergraduate Degree (BA/BS):		
Did	you transfer from a California Community College? Yes No		
If ye	s, which college:		
If yes, how many units did you complete prior to transferring?			
Did	you complete an Associate's degree? Yes No		







Name of Applicant: _ Institution:	
IV. Student Signature/Relea	ise

Please read the statement below and sign where indicated:

I have read and understand all of the statements above.

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.

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 econo barriers to careers in STEM. No – Does not meet eligibility criteria	omic
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:	



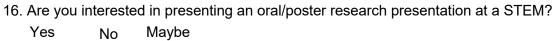


V. Supplemental Information							
2.	Are you r	eceiving	or a PELL grants? g a PELL grant this yes to question 1 a	academic yea		No plain why?	
4.	What is y	our care	eer goal after you ເ	graduate?			
5.	. Have you had any opportunities to do research prior to today? Yes No					No	
6.	6. Are you currently doing research? Yes No						
7.	If YES, indicate where:						
8.	Are you in Yes	ntereste No	d in obtaining a gr Maybe	aduate degree	at the Master's	level after you	graduate?
9.	Are you in	ntereste	d in obtaining a gr	aduate degree	at the PhD leve	l after you gra	duate?
	Yes	No	Maybe				
10.	Are you in	ntereste	d in a MD/PhD				
	Yes	No	Maybe				
11.	Are you in Yes	ntereste No	d in teaching at ar Maybe	ny educational l	evel?		
12	. Are you ii	ntereste	ed in obtaining a pr	ofessional degr	ree (e.g., MD, O	D, DDS, D Ph	arm, etc.)?
	Yes	No	Maybe				
13.	Do you pla	n to get	a full-time job in STE	EM (science, tech	nology, engineeri	ing, mathematio	cs) after graduating?
	Yes	No	Maybe				
14.	Are you in	ntereste	d in participating in	n research with	a faculty memb	er?	
	Yes	No	Maybe				
15.	Are you in conference		d in attending a pro	fessional STEM	1 conference?		



Yes

Yes



No

Maybe



