

Science Educational Equity Program Application

DATE: _____

*****Please type or print legibly (Black or Blue ink only) entire application and return to Sequoia Hall 320 for consideration.*****

NAME: _____
Last First Middle

NAME YOU PREFER TO BE CALLED: _____

STUDENT ID: _____ DOB: _____ GENDER: _____

PREFERRED GENDER PRONOUNS (i.e he, him, she, her): _____

CURRENT ADDRESS: _____
Street Address

_____ City County State Zip

CURRENT PHONE: _____ CELL PHONE: _____
Include Area Code Include Area Code

PERSONAL EMAIL ADDRESS: _____

SACLINK EMAIL ADDRESS: _____

WHAT SEMESTER AND YEAR DID YOU FIRST ENTER SAC STATE? _____

WHEN IS YOUR EXPECTED GRADUATION? _____

ARE YOU A TRANSFER STUDENT?

****Submit unofficial transcripts from all schools attended including Sac State****

Are you a graduating senior? _____ Have you petitioned to graduate? _____

If so when did you complete your petition _____

TOTAL UNITS COMPLETED: _____

Are you a 1st generation college student (i.e. your parents/guardians did not attend college)? _____

If no, who in your family has attended college? _____

What degree(s) did they receive? _____

Do you come from a rural community?

If yes, what town and county are you from? _____
Town County

Are you eligible for financial aid?

Are you eligible for a PELL Grant?

Are you receiving a PELL Grant for this Academic Year?

Are you currently employed? If "YES" how many hours per week do you work? _____

MAJOR & MINOR INFORMATION

Are you in a Pre-Major?

What is your current major? Also indicate if you declared a minor.

MAJOR	MINOR
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CAREER INTEREST & HIGHEST DEGREE GOAL

Please indicate which educational track you are interested in.

Graduate School: MA/MS in Science PhD in Science Genetic Counseling
 Public Health Social Work Lawyer
 Education Other: _____

Health Professions: Medical (MD, DO, ND) Dental Pharmacy
 Physician Assistant Physical Therapy Veterinary
 Other: _____

Science/Math Work Force **Teaching Credential** **Unsure**

Are you currently applying to graduate or professional school?

If yes what type of program are you applying to? _____

RACE & ETHNICITY

Are you Hispanic or Latino? (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

Check all that apply:

Native American/American Indian or Alaska Native (A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.)

African American/Black (A person having origins in any of the black racial groups of Africa.)

Asian (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including for example Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam)

Native Hawaiian or Other US Pacific Islander (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)

Caucasian/White (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa)

Other: _____

Decline to State

Name of person who referred you and what did they tell you about SEE?

Please type and attach your response to the following questions. Note some responses have a word limit:

- ❖ The SEE Program seeks to provide academic and peer support for those students who face social, economic, and educational barriers to careers in the health professions, science, research, and science and math teaching. Please briefly share the barriers and obstacles you have encountered on your path coming to Sac State and the SEE Program. (500 word max)
- ❖ The goals of the SEE Program are to improve the quality of health care in underserved communities and to foster inclusion of diverse perspectives in science research, science and math education, development of health care policy, and the delivery of health care. How do you envision yourself promoting these goals as an undergraduate member of the SEE Program as well as a graduate? (250 word max)
- ❖ What are your expectations of being a member of SEE?
- ❖ What skills, talents, and abilities do you wish to contribute to the SEE Program?

Provide a copy of the following:

- Resume/Curricula Vita (listing experiences, volunteers, research)
- Copy of your unofficial transcripts

<u>DO NOT WRITE BELOW THIS LINE</u>		
<i>For Office Use Only</i>		
Date application received in the SEE office:	_____	_____
	Date	Initial
Orientation:	_____	_____
	Date	Initial
Date entered in database:	_____	_____
	Date	Initial
FACULTY/STAFF COMMENTS:		

