

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

YEAR:

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.

CAMPUS:

• 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	Femal
Telephone: ()		Email:		
Date of Birth:		_ Place of Bi	rth:	
		_	City, State, & Co	ountry
Last 4 Digits of Social Security * Stud		dent ID #:	ent ID #:	
Please mark one of the boxes prov Ethnicity (for statistical purposes of	ided for <u>both</u> "Eth only):	nnicity" and "Ra	ace." person of Mexican, Puerto Rica panish culture or origin, regard	
Not Hispanic or Latino	Declin	e to State		
Race (for statistical purposes only) Black or African-American - A persin any of the black racial groups in Africa			Native - A person having ori es of Alaska, including Eskimos	•
☐ Native Hawaiian or Other Pacifi person having origins in any of the original peop Guam, Samoa, Polynesia, Micronesia, or other F	oles of Hawaii,	of East Asia, So includes, for e	A person having origins in any outheast Asia, or the Indian su xample, Cambodia, China, Ind	bcontinent. This area ia, Japan, Korea,
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		☐ White -	stan, the Philippine Islands, Th A person having origins in any cope, North Africa, or the Midd	of the original







	Name of Applicant:		
tanandra"	Institution:		
□ 0	Other (specify):	☐ Decline to State	
II. P	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	
		tatistical purposes only): Please check "yes" if any of the disabilities to you. Otherwise, check no or decline to state.	
•	☐ Yes Deaf or serious difficulty hearing Blind or serious difficulty seeing glasses	□ No □ Decline to State • 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 Decline to State			
D. As an undergraduate, are you eligible for need-based financial aid?			
E. Are you treated as an independent student for financial aid purposes?			
F. 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			
EDUCATIONAL INFORMATION			
Majo	or:	Minor (if any):	
Clas	s Level:	(e.g. freshman, sophomore, junior, senior)	
Total Number of Units Completed:			
Total Number of Major Units Completed:			
G.P.	A. (Do not round up):	Cumulative GPA GPA in Major	
Date	e you expect to receive your (CSU Undergraduate Degree:	
Anticipated Undergraduate Degree (BA/BS):			
Did you transfer from a California Community College? Yes No			
If ves	If ves. which college:		



III.





Name of Applicant:		
Institution:		
If yes, how many units did you complete prior to transferring? Did you complete an Associate's degree?		
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.







	FRESN@STATE
ame of Applicant:	Louis Stokes Alliance for Minority Participation
ctitution	·

Signed:	Date:
CSU-LSAMP FRESNO STATE SUPPLEMENTAL INFO	RMATION - MUST COMPLETE PRIOR TO SUBMISSION
Alternate email address (non-Fresno State email)	
Alternate Phone Number (ex. Parent/Guardian no	umber)
Name of high school you attended:	City/State of high school:
Number in household (when you were growing up):	Primary language spoken at home:
Mother's Occupation:Father'	s Occupation:

V. Personal Statement

In the space below or on a separate sheet of paper, answer the following questions:

Describe the social, educational or economic barriers you have had to overcome in order to pursue a science, technology, engineering or math (STEM) major/career. Also, indicate why are you interested in a STEM career?

* Complete Social Security number will be requested upon complete approval of your application, only include the last 4 digits with this application.

Due to the COVID-19 crisis, our office is currently telecommuting. You may <u>email your application</u> directly to the program email at <u>fresnolsamp@mail.fresnostate.edu</u>. You will then be contacted regarding an Admissions Workshop.

For more information about CSU-LSAMP Fresno State call (559) 278-5748 or contact us via email fresnolsamp@mail.fresnostate.edu



