





Name of Applicant: \_\_\_\_\_

Institution: \_\_\_\_\_

**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

**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, China, India, Indonesia, Japan, Korea, 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**

**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: \_\_\_\_\_





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Anticipated Undergraduate Degree (BA/BS): \_\_\_\_\_

List the 3 most recent math and science courses you have taken and the grades		
Course	School	Grades

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

**IV. CAREER GOALS:**

**Write a brief summary of your current career goals and any plans for education after you complete your Bachelor's degree:**





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**V. 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: \_\_\_\_\_

**PLEASE MAIL OR DELIVER COMPLETED APPLICATION TO:**

Celia Martinez  
Office for Training, Research and Education in the Sciences  
Academic Hall 410  
California State University San Marcos, San Marcos, CA 92096

Funding for the CSU-LSAMP Program is provided by the National Science Foundation, HRD-1302873 and the California State University's Office of the Chancellor.





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### 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: \_\_\_\_\_

