



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

CAMPUS: San Francisco State University

YEAR: 2017-2018

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.

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

- Be a U.S. Citizen or Permanent Resident
- Be enrolled at SFSU in an undergraduate major in a STEM discipline
- Have a minimum GPA of 2.5
- Be an individual who has faced or faces social, educational, or economic barriers to careers in STEM

## I. GENERAL INFORMATION

Name: \_\_\_\_\_ Gender: \_\_\_\_\_  
Last First Middle  Male

Address: \_\_\_\_\_  Female  
Street City Zip Code

Telephone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_  
Please include area code

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
City, State, & Country

Social Security #: \_\_\_\_\_ SFSU ID #: \_\_\_\_\_

Citizenship:  U.S. Citizen  Permanent Resident  
 If applicable, Permanent Resident Registration #: \_\_\_\_\_

Please mark one of the boxes provided for **both** "Ethnicity" and "Race."

**Ethnicity** (for statistical purposes only):  Hispanic or Latino (A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race)  
 Not Hispanic or Latino  Decline to State

**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  
 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

Are you currently supported by a research program? Select one, please:  MARC  RISE  SF BUILD  None

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.





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

**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 (select one):  Freshman  Sophomore  Junior  Senior

Total Number of Degree Units Completed: \_\_\_\_\_ Semester:  Spring  Fall Year \_\_\_\_\_

Total Number of Major Units Completed: \_\_\_\_\_ Semester:  Spring  Fall Year \_\_\_\_\_

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

Date you expect to receive your SFSU Undergraduate Degree:  Spring  Fall Year \_\_\_\_\_

Anticipated Undergraduate Degree (BA/BS):  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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Name of Applicant: \_\_\_\_\_

#### IV. Eligibility Information

The goal of the national LSAMP Program is to “assist universities and colleges in their efforts to significantly increase the numbers of students matriculating into and successfully completing high quality degree programs in science, technology, engineering and mathematics (STEM) disciplines in order to diversify the STEM workforce. Particular emphasis is placed on transforming undergraduate STEM education through innovative, evidence-based recruitment and retention strategies, and relevant educational experiences in support of racial and ethnic groups historically underrepresented in STEM disciplines: African Americans, Hispanic Americans, American Indians, Alaska Natives, Native Hawaiians, and Native Pacific Islanders.”  
[https://www.nsf.gov/funding/pgm\\_summ.jsp?pims\\_id=13646](https://www.nsf.gov/funding/pgm_summ.jsp?pims_id=13646)

In the space below, please briefly describe a) your current career goals and b) any social, educational or economic barriers you currently face or have faced in pursuit of your career goals.



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

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

**Campus Coordinator Approval and Certification**

Is the above named student 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: Teaster Baird, Jr. \_\_\_\_\_

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: \_\_\_\_\_

