

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

APPLICATION

CAMPUS: San Francisco State University

YEAR: 2020-2021

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	N	1iddle	Male
Address:				- Female
Street	City	Z	p Code	
Telephone: () Please include area code		Email:		_
Date of Birth:		Place of Birth:		
			City, State, & Country	
Social Security #:	SFSU	ID #:		
Citizenship: U.S. Citizen Perr If applicable, Perma		ation #:		
Please mark one of the boxes prov	vided for <u>both</u> "Ethr	nicity" and "Race."		
Ethnicity (for statistical purposes of Not Hispanic or Latino	South Am		Mexican, Puerto Rican, Cubaı ure or origin, regardless of ra	
Race (for statistical purposes only): Black or African-American - A person having origins in any of the black racial groups in Africa		of East Asia, Southeast A	aving origins in any of the or Asia, or the Indian subcontine	nt. This area
□ 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 —		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		
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		Other (specify)	:	
		Decline to State		
Alaska Native - A person having origin original peoples of Alaska, including Eskimos or				
Are you currently supported by a researcl	n program? Select one, j	blease: MARC 🗌 RIS	E SF BUILD None	E Contraction of the second seco



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Daniel Mawin Worthridge
Comingues Hits - Pullerton
Long Brech
Panara

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. Pues No Decline to State Serious difficulty earing when wearing Serious difficulty related to a physical, mental, or emotional condition C. Are you a veteran of the U.S. Armed Forces? Yes No E. Are you treated as an independent student for financial aid? Yes No F. What is your <i>Personal yearly</i> 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 Minor (if any):				
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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.	A.	Please indicate your parents' level of education:		
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 Peaf or serious difficulty hearing Decline to State Blind or serious difficulty seeing even when wearing Serious difficulty walking or climbing stairs C. Are you a veteran of the U.S. Armed Forces? Yes No C. Are you a veteran of the U.S. Armed Forces? Yes No C. Are you treated as an independent student for financial aid? Yes No F. What is your <i>Personal yearly</i> income? Less than \$10,000 \$20,000 \$20,001 - \$30,000 More than \$30,000 Eoucational Information Minor (if any): Class Level (select one): Freshman Sophomore Class Level (select one): Cass		Mother: No College Some College College Graduate Graduate School		
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If yes, which college?:	Ant	icipated Undergraduate Degree (BA/BS): BA BS		
If yes, how many units did you complete prior to transferring?	Did	you transfer from a California Community College? 🗌 Yes 🗌 No		
		If yes, which college?:		
Did you complete an Associate's degree? 🗌 Yes 📄 No		If yes, how many units did you complete prior to transferring?		
	Did	you complete an Associate's degree? 🗌 Yes 📄 No		





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)

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.







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.

Printed Name of Applicant:

I have read and understand all of the statements above.

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 econom barriers to careers in STEM. No – Does not meet eligibility criteria 			economic
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:	

