

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

CAMPUS: FULLERTON

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:

the original peoples of Alaska, including Eskimos or Aleuts

- 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.

  T. GENERAT, TNEORMATION
- Be an individual who has faced or faces social, educational, or economic barriers to careers in STEM.
- Each individual CSU-LSAMP campus program may have additional eligibility requirements.

L OPNERAL LIVE	MATION			
Applying to be a: Note: Participant applicat	Participant Research schola	n Scholar: a letter of suprapplications accepted between A	•	Gender:
Name:				-  Female
Last	First		Middle	
Address:			T: 0 1	Decline to State
Street		City	Zip Code	
CWID:	Telephone:	CSUF Email: _		
Date of Birth:		Place of Birth:	<u> </u>	
			City, State, & Country	
Citizenship: U	.S. Citizen Permanent Resident If applicable, Perm		#:	_
Please mark one	of the boxes provided for <b>botl</b>	<u>n</u> "Ethnicity" and "Race.	n	
_	,, <u> </u>	•	on of Mexican, Puerto Rican, Cuban n culture or origin, regardless of ra	
☐ Black or Af origins in any of th	cal purposes only):  rican-American - A person having e black racial groups in Africa vaiian or Other Pacific Islande	of East Asia, Southe includes, for examp	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	
- A person having o	origins in any of the original peoples of noa, Polynesia, Micronesia, or other	☐ White - A pe	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 (spe	cify):	
		Decline to	State	
☐ Alaska Nat	ive - A person having origins in any of			







II. PERSONAL INFORMATION

Name of Applicant:	

A.	Please indicat	te your parents' le	evel of education:				
	Mother:	☐ No College	Some College	College Graduate	Graduate School		
	Father:	No College	Some College	College Graduate	Graduate School		
	<b>B.</b> Disability Status ( <b>again, for statistical purposes only</b> ): Please check "yes" if any of the disabilities listed below the check box apply to you. Otherwise, check no or decline to state.						
•		Yes s difficulty hearing s difficulty seeing e		Decline to State Serious difficulty walking Other serious disability r or emotional condition	g or climbing stairs related to a physical, mental,		
C.	Are you a vet	eran of the U.S. A	rmed Forces?  Yes	s □ No □ De	ecline to State		
	-			sed financial aid (ex. Pe	ell grant)? Yes No		
	E. Are you treated as an independent student for financial aid purposes?  Yes  No						
F.	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	Family's yearly in	come?				
	Less th	nan \$10,000 🔲 \$1	0,001 - \$20,000 🔲 \$2	20,001 - \$30,000 🔲 Mor	re than \$30,000		
ПТ. Ер	UCATIONAL INI	FORMATTON					
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Cla	ass Level:		(e.g. fre	r (if any): shman, sophomore, jun Semester	ior, senior)		
Cla To	ass Level: tal Number of U	Jnits Completed: _	(e.g. fre	shman, sophomore, jun Semester	ior, senior)  Quarter		
Cla To To	ass Level: tal Number of U	Jnits Completed: _ Major Units Comple und up):	(e.g. fre  eted:	shman, sophomore, jun Semester Semester	ior, senior)  Quarter		
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Name of Applicant:	
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 the best of my knowledge. I understand that to track the progress of the CSU-LSAMP evaluate program effectiveness, CSU-LSAMP requires access to student information. The CSU is required to report individual student data to the National Science Foundation including number, ethnicity, GPA, and enrollment status. This information is also used to study retention, progression, and graduation. Photographs and research abstracts may also be by the CSU-LSAMP program in program dissemination materials such as websites, newslet The student data are collected by the CSU-LSAMP Statewide Office at California State Universal and each of the 23 affiliated Alliance CSU campuses.	students and to  J-LSAMP program  ng social security  student transfer,  obtained for use  iters, and reports.
I authorize release and use of personal information, as described above, to the CSU-LSAMP prounderstand that this information is to be used solely for evaluating the impact and effectivened LSAMP program and that individual student data will not be released to parties other than the involved with the program.	ess of the CSU-
I have read and understand all of the statements above.	
Signature of Applicant: Date	::
Once you complete the application, please request a zoom meeting with Dr. Ibragimov email to <a href="mailto:lsamp@fullerton.edu">lsamp@fullerton.edu</a> Your application and all the necessary paperwork will during the zoom meeting.	
Additional Materials Needed for Research Scholar Application	
A letter of support from a faculty member or research mentor at CSUF. Letters of support emailed directly to <u>LSAMP@fullerton.edu</u> by faculty mentors. The letter of support is Research Scholar applicants. For those individuals who are requesting a letter from the mentor, please feel free to provide him or her with the <u>Letter Writer Guide</u> .	s only required for
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 education described barriers to careers in STEM.  No – Does not meet eligibility criteria.	onal
Printed Name of Campus Coordinator: <u>Dr. Zair Ibragimov</u>	
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 therein. I further understand that I must maintain expectations explained to me by the Coordinator for continued involvement in the program. The CSU-LSAMP @ Fullerton prograding if the student changes to a non-STEM major, withdraws from the University not fulfill program requirements.	CSU-LSAMP Campus ogram removes an
Signature of Applicant: Date:	
Finalizer for the CCLL ICANAR Reservoir is presided by the Netical Colores Foundation (NCF Co	



