

2008-2009 Applicant Information Form

Educational Opportunity Program • The California State University

You may complete this form online ONLY if you apply for admission online at www.csumentor.edu.

To be considered for EOP, you must submit this form and the CSU undergraduate application for admission. Print in ink or type. Answer all questions on the form.

1. Name 2. Social Security No.

Last First Initial

3. 4. Home Phone No.

Mailing Address Apt. No. City State Zip Code Area Code Phone Number

E-mail Address

5. Name and phone number where we may leave a message if you cannot be reached at home:

Name Phone No.

Area Code Phone Number

6. Birthdate: 7. Sex: M F 8. Major/career interest:

9. Campus to which you are applying: 10. Term/Year

11. Enter code for total college transfer semester units you will have completed *at time of entry/re-entry* in CSU.
 Enter code in Box (Include units in progress and planned)
 0 - No units completed later than the summer following high school graduation 1 - fewer than 30 units 2 - 30-59.5 semester units
 3 - 60-89.5 semester units 4 - 90 or more semester units 5 - Have bachelor's degree or equivalent (Semester units x 2/3)

12. School last attended (school name, city, state)

13. If not a high school graduate, have you completed the GED (General Education Development) test? Yes No

14. Have you participated in any of the following educational programs? Please check below.

	Date	Campus/Location
<input type="radio"/> Avid	<input type="text"/>	<input type="text"/>
<input type="radio"/> Upward Bound	<input type="text"/>	<input type="text"/>
<input type="radio"/> Talent Search or _____ EOC	<input type="text"/>	<input type="text"/>
<input type="radio"/> Community College EOP&S	<input type="text"/>	<input type="text"/>
<input type="radio"/> CSU EOP	<input type="text"/>	<input type="text"/>
<input type="radio"/> Puente Project	<input type="text"/>	<input type="text"/>
<input type="radio"/> Independent Living Skills Program	<input type="text"/>	<input type="text"/>
<input type="radio"/> Other	<input type="text"/>	<input type="text"/>

15. Where do you plan to live while attending college? (Check one) On-campus housing With parents
 Off-campus apartment or house Guardian or relative Other

Biographical and Educational Information

16. What are your parents' highest levels of formal education? Enter code in box for: Mother Father

1 - No high school 3 - High School graduate 5 - 2-year college graduate 7 - Postgraduate
 2 - Some high school 4 - Some College 6 - 4-year college graduate

17. How many brothers and sisters are currently attending schools? K-12 Attended or are attending college

Received bachelor's degree

18. What languages are spoken in your home?

Name: _____
 Social Security Number: _____

19. Ethnic Identity (optional) (Enter the proper code for your ethnic group in box)

- | | | | |
|---|---|---------------------------|----------------------------|
| 1 – American Indian or Alaskan
native
Tribal enrollment, affiliation: | B – South American | R – Asian Indian | H – Hawaiian |
| 2 – Black, non-Hispanic,
including African-American | Q – Cuban | 5 – Other Asian | N – Samoan |
| 3 – Mexican-American, Mexican,
Chicano | P – Puerto Rican | M – Cambodian | 6 – Other Pacific Islander |
| A – Central American | 4 – Other Latino, Spanish-Origin,
Hispanic | L – Laotian | 7 – White |
| | C – Chinese | V – Vietnamese | F – Filipino |
| | J – Japanese | T – Thai | 8 – Other |
| | K – Korean | S – Other Southeast Asian | 9 – No Response |
| | | G – Guamanian | D – Decline to state |

Economic Background

The following information is used to determine history of low income:

20A. What is the current occupation/job (list job, not place of employment) for both parents?

Father's Name <input type="text"/>	Mother's Name <input type="text"/>
Occupation <input type="text"/>	Occupation <input type="text"/>

20B. What was your parent's occupation/job 10 years ago?

Father <input type="text"/>	Mother <input type="text"/>
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21A. Did you or your family receive any income during 2006-2007 from public assistance programs such as welfare, TANF, Social Security, disability, etc.? Yes No

If yes, list program

21B. During the past 10 years, have you or your family received any income from a public assistance program such as welfare, AFDC, TANF, Social Security, disability, etc.? Yes No

If yes, how many years? Type(s) of aid

22. Have you or your family ever participated in any publicly funded programs such as subsidized housing, employment/training programs (i.e., CETA), school lunch programs, etc.? Yes No

If yes, list program(s)

23. Do you or any other children in your family work primarily to contribute to household expenses?

Yes No If yes, explain

Financial Status

The following information is used to determine low income eligibility for EOP:

All applicants must complete this section and must submit the Free Application for Federal Student Aid (FAFSA). EOP may request other forms of documentation to verify self-reported income. Parental income information is required for all students, including those who are considered independent for financial purposes. Incomplete applications may not be considered.

24. Please indicate income of parents(s)/guardian(s) from all sources even if you don't live with them:

	2007 Estimated/Actual	2008 Estimated		2007 Estimated/Actual	2008 Estimated
Father	<input type="text"/>	<input type="text"/>	Mother	<input type="text"/>	<input type="text"/>

25. Total size of parent(s)/guardian(s) household (including applicant, parent(s), dependent children and other dependents):

26. If you are independent of parental support,

- A. How many years have you lived apart from parent(s)? Years
- B. What is your (and your spouse's) total family income? 2007 Actual 2008 Estimated
- C. Total size of your household (including applicant, spouse, dependent children and other dependents):
- D. Number of dependent children in household:
- E. Are both parents deceased? Yes No
- F. Are you or were you (until age 18) a foster youth Yes No or a ward/dependent of the court? Yes No

27. Have you completed the 2008-2009 Free Application for Federal Student Aid (FAFSA) and mailed it to the central processing service?

Yes Date submitted No Date you plan to submit FAFSA

All EOP applicants must submit the FAFSA

Autobiographical Statement

Answers to the following questions will help us determine your motivation and preparation to undertake college work. Please answer as precisely and honestly as possible. Use complete sentences and avoid short responses such as "yes" or "no."

28. List any volunteer, extracurricular activities, or work experience in which you are or have been involved in the past 2 years.

29. Why would you like to attend college? Discuss your career and personal goals. Are there any particular circumstances, school experiences, or persons that influenced your preparation or motivation to attend college (e.g., cultural/financial background, family, teachers, schools you attended)? Please explain.

30. Briefly discuss your academic background. Did you utilize any additional support at your high school, such as tutoring? Do your grades in high school and/or college reflect your academic ability or potential?

31. Briefly describe your family's economic background. Include information about your financial challenges.

32. Please tell us more about yourself. Is there any additional information you would like EOP to consider in determining your admission to the program?

I certify the information submitted in connection with my application to EOP is complete and accurate.
Date: _____ Applicant's Signature: _____

2008-2009 Recommendation Form

Educational Opportunity Program • The California State University

Applicant's

Name

Last First Initial Area Code Phone Number Social Security Number

Address

Number Street Apt. No. City State Zip Code

Campus Applying To

Term/Year

To the Student:

Complete the above information and give this form to a counselor, teacher, community member, employer, or any individual who can comment about your potential to succeed in college. **This form should not be completed by a family member or by the EOP Applicant. The EOP program requires two (2) recommendations.**

To the Individual Completing this Form:

The person whose name appears above has applied for admission to the Educational Opportunity Program (EOP) at a CSU campus. The EOP selection committee would appreciate your answering the questions below in a specific and candid manner, noting in particular incidents that illustrate the student's maturity, initiative, and academic potential to succeed in college. If your relationship with the applicant does not allow you to make an evaluation of any item, please indicate "N/A" or not applicable. Please understand that your recommendation may be made available for inspection at the student's request pursuant to the Family Educational Rights and Privacy Act of 1974 and related laws and regulations.

Your Name Position

School/Organization Phone Number

Area Code Phone Number

Address

Number Street City State Zip Code

1. How long have you known the applicant? _____ years _____ months. Under what circumstances?

2. Based on your knowledge of the applicant, check how you rate his/her academic skills.

	Outstanding	Above Average	Average	Needs Improvement
1. Academic achievement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Writing skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Reading skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Math skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Academic potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Check how you rate applicant's characteristics and motivation.

	Strongly Agree	Agree	Agree Somewhat	Disagree
1. Has positive self-image	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Demonstrates leadership capability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Self-starter, has intellectual curiosity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Is highly motivated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Survives frustrating experiences, is tolerant of minor disappointments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Has potential for growth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Applicant's Name

Social Security No.

4. What qualities best describe this applicant?

5. To your knowledge, does this applicant have a historically disadvantaged background (i.e., low income for several years, first generation college student, inner-city or migrant family)?

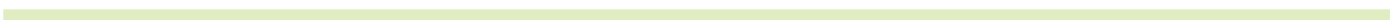
Yes No

Why?

6. Why do you believe this student qualifies for EOP and what services or assistance would you recommend to help him/her to succeed in college?

7. Please discuss any barriers to achievement the applicant has faced. Do you believe they will affect his/her performance in college?

8. What is your assessment of the student's potential, motivation, or capability for undertaking college work and potential to succeed in college?



Date

Signature

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Applicant's Name
Social Security No.

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Yes No

Why?

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8. What is your assessment of the student's potential, motivation, or capability for undertaking college work and potential to succeed in college?

Date _____

Signature _____