

**ACADEMIC APPLICATION
GRADUATE EQUITY FELLOWSHIP PROGRAM
CALIFORNIA STATE UNIVERSITY, LOS ANGELES**

IMPORTANT:

You must also file a financial application, the Free Application for Federal Student Aid (FAFSA). The FAFSA form is available in the Center for Student Financial Services, SA 124

Have you previously received the Graduate Equity Fellowship? ___ Yes ___ No

If "yes" indicate first quarter and year received: ___ Summer ___ Fall ___ Winter ___ Spring Year ___

PERSONAL INFORMATION:

Name: _____
(Mr./Ms.) Last First Middle

CIN#.: _____ Male _____ Female

Permanent Address: _____
Street City State Zip

E-mail Address): _____

Phone Number: (_____) _____
Area Number

Citizenship Status: [] U.S. Citizen [] Permanent U.S. Resident

Ethnic Identity: [] African American [] Asian American
[] Native American – Tribal Affiliation _____
[] Mexican American [] Other Hispanic
[] Filipino [] Pacific Islander
[] Caucasian [Other] _____ (please specify)

[] Disabled (Attached verification from the Office for Students)

EDUCATIONAL INFORMATION: * Your major department may be able to provide this information.

Undergraduate Major: _____ Minor: _____

School Attended (Please Check) CSLA ___ *Other ___

* If you did not receive your baccalaureate degree from CSLA, include a copy of your undergraduate transcript.

* Overall undergraduate G.P.A. _____

* G.P.A. in last 90 units of undergraduate work _____

Graduate Major: _____
(Attach a copy of your Master's degree program) (Qtr/Yr. Admitted to Program)

Expected date of graduation _____
Qtr/Yr.

Other Colleges and Universities Attended

Date
Attended

Degree
Awarded

HONORS AND ACTIVITIES

Extracurricular Activities (College or Community)

Special Recognition (Offices held, organizational membership, etc.)

Scholarship

Years Received

Awarded Amount

Work or volunteer experience related to your career objectives

ESSAY

Please write a short essay (approximately 250 words) addressing (1) challenges you have surmounted in the course of your education, (2) elements of your educational or personal experience that have contributed to your interest in pursuing graduate study and to your motivation and determination to succeed in it, and (3) your career objective and abilities and skills you possess that will enhance your chances of success. (Please attach a separate sheet of paper.)

LETTERS OF RECOMMENDATION

Please arrange for two letters of recommendation (preferably a previous or current professor of yours) to be forwarded to the Office of Graduate Studies and Research. Your application will not be processed without the letters of recommendation. State the names of those who will be submitting letters on your behalf:

Print Name

Print Name

IMPORTANT: Please secure this signature. Your application will not be processed without the signature of the Graduate Advisor in your department.

Graduate Advisor Approval

Print Name

Signature

AUTHORIZED RELEASE

I authorize the Cal State L.A. Center for Student Financial Services to release transcripts, letters of recommendation, application, and accompanying documents and to publicize my award should I be a recipient.

Signature _____

Date _____

RETURN THIS APPLICATION AND ALL ATTACHMENTS TO THE OFFICE OF GRADUATE STUDIES AND RESEARCH, ADMINISTRATION BUILDING, ROOM 710 BY THE DEADLINE DATE. INCOMPLETE OR LATE APPLICATIONS WILL NOT BE CONSIDERED.