SNNA-LSAMP, Revised 6/2020

SOUTHERN NEVADA NORTHERN ARIZONA (SNNA)
LOUIS STOKES ALLIANCE FOR MINORITY PARTICIPATION (LSAMP)
PARTICIPANT APPLICATION (2020-2021)

Please Type or Print in Blue or Black Ink.

STEP 1: Please answer the following questions about yourself.

a. What is your **name**?

Last Name _____

First Name _____ Middle Initial _____

b. What is your **mailing address**?

Street Address _____ Apt. # _____

City _____ State _____ Zip _____

c. What is your preferred **phone number**? (Please include area code.) _____

d. What is your **e-mail address**? _____

STEP 2: Please answer the following questions about yourself.

a. What is your **7-digit NAU ID#?** _____

b. What is your **birthdate**? _____

c. Are you **Hispanic** or **Latino?** ☐ YES ☐ NO

d. What is your **race**? (Please check all boxes that describe you.)
☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or other Pacific Islander ☐ White

e. What is your **gender**? ☐ Female ☐ Male ☐ Other

f. What is your **major(s)?** _____ **g.** Are you a U.S. citizen**?** _____

STEP 3: Please answer the following questions about your parents and about yourself.

a. Has your mother received/earned a 4-year college degree? ☐ YES ☐ NO

b. Has your father received/earned a 4-year college degree? ☐ YES ☐ NO

c. Which parent did you regularly reside with and receive support from during your childhood (i.e., until you were 18 years old)? (Please check only one box.)
☐ Both Mother and Father ☐ Mother only ☐ Neither Mother nor Father ☐ Father only

d. Are you a current Pell grant recipient? ☐ YES ☐ NO

STEP 4: Please answer the following questions about yourself.

a. Are you interested in learning more about career opportunities in science, technology, engineering, and/or mathematics (STEM)? ☐ YES ☐ NO

b. Do you need academic support, mentoring, and/or other services to help you be successful in a STEM discipline? ☐ YES ☐ NO

c. Do you need help with the process of applying to graduate school or another post-baccalaureate program? ☐ YES ☐ NO

STEP 5: Please read the following statement and then sign and date below it.

By signing this application, I attest that all the information on this application is true. Moreover, I authorize the release of the student's official academic records to the SNNA-LSAMP project, understanding that the information in these records will be used only to assess the student's need for SNNA-LSAMP program services; discern the student's educational progress; evaluate the effectiveness of program activities; and fulfill program-reporting requirements. Finally, I authorize SNNA-LSAMP to use the student's name, statements and likeness, without charge, for promotional purposes in SNNA-LSAMP publications, advertising, video, and other formats.

_____ / / _____
Student's Signature **Date**

_____ / / _____
Signature of Student's Parent or Legal Guardian (if student is less than 18 years of age) **Date**

STEP 6: Return (by e-mail or U.S. mail) this completed and signed application to the NAU LSAMP Program Coordinator.

e-mail: LSAMP@nau.edu

U.S. mail: LSAMP
Northern Arizona University
617 S. Beaver Street, Box 5694
Flagstaff, AZ 86011

Drop off: LSAMP Office
Biological Sciences, Bldg. 21
Room 132

FOR OFFICE USE ONLY

Approved for Admission to SNNA-LSAMP on: _____

Admitted to _____cohort

Approved By: _____
NAU SNNA-LSAMP Site Director (SD) or Designee Name

_____
SD or Designee Signature and Date