Houston-LSAMP Scholarship Application

INSTRUCTIONS: The University of Houston-Victoria is providing Houston-LSAMP Scholarships for study at its Victoria, Fort Bend, and Cinco Ranch campuses. Qualified post community college students that are typically underrepresented in the fields of science and technology may pursue baccalaureate degree programs in mathematics, mathematics education, and computer science. Please read the accompanying Houston-LSAMP Scholar information sheet carefully. Fill in your name and phone number on the three letters of reference instruction forms. Complete all questions and fax this form to 361-570-4229 or E-mail it to chaol@vic.uh.edu

Part 1. Personal and Contact Information

1. Social Security Number_________________________
2. Date of birth (Month/Day/Year)_______________________________
3. Full name ___________________________________________________________________
   (Last, First Middle Maiden Suffix – Jr., etc.)
4. Gender:   θ Male   θ Female
5. U.S. Citizen?   θ Yes   θ No
   If no, are you a permanent resident?   θ Yes   θ No
   If you are a permanent resident, list alien resident card number _____________________
   Please attach a copy of your permanent resident card.
   If you are not a U.S. citizen or permanent resident, you do not qualify for this stipend, but you may participate in H-LSAMP workshops.
6. Address
   Street _________________________________ Apt# _____ City_______________________
   State _________________ Zip _____________ Phone ________________________
7. Email address_____________________________________

Part 2. Educational Information

1. From what high school did you graduate? __________________________________________
2. If you did not graduate from high school, do you have a GED?   θ Yes   θ No
3. If you took the SAT, list your scores here: Verbal_____ Math_______
4. If you took the ACT, list your scores here: Verbal_____ Math_______
5. What do you expect will be your major field of study? _____________________________
Part 3. Extracurricular activities

1. List any offices you held in high school.
_______________________________________________________________________________
_______________________________________________________________________________

2. Are you working to earn money now?  θ Yes  θ No  If yes, please describe your job(s).
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________

3. Please list the names of three individuals, whom you will ask to write a letter of recommendation on your behalf. These should be people who are familiar with your academic performance and career goals.
Name:____________________________ Phone:___________________________
Name:____________________________ Phone:___________________________
Name:____________________________ Phone:___________________________

Part 4. Supplemental Information

1. Are you the guardian of dependent children?  θ Yes  θ No

2. What is the primary language spoken in your home?
θ English dialect  θ Spanish dialect  θ African dialect  θ Asian dialect
θ Other (list)______________________

3. Size of household
θ 1-2  θ 3-4  θ 5  θ 6  θ 7 or more

4. Household income:
θ <$20,000  θ $20,000-$40,000  θ $40,000-$75,000  θ >$75,000

5. Have you ever received free or reduced price school lunches?  θ Yes  θ No

6. To participate the LSAMP scholarship, you will be asked to have minimum five hours/week to work together on homework, exam preparation, or to assist other students and instructors. Please tentatively specify in which areas you are willing to work with others.
Statistics:  θ  Calculus Based Math:  θ  Non-calculus Based Math:  θ
Computer Programming:  θ  please indicate which programming language:_________________
Other areas in computer science:___________________________________________________

I certify that this information is complete and correct to the best of my knowledge. I authorize the LSAMP Admissions Committee to review my academic record and standardized test.

Signature:_________________________________________________________________________
Date:_____________________________________________________________________________