Membership Application

Thank you for your interest in the ACCESS program. We look forward to welcoming you as a new member. To become a member of ACCESS, please take a few minutes and complete the enclosed application materials. In addition to the ACCESS application, you are encouraged to complete the Free Application for Federal Student Aid (FAFSA) to determine your income status*. Completing the FAFSA will help you plan the financing of your college education and make you eligible for a variety of scholarships and financial aid programs. A FAFSA can be obtained at your community college financial aid office. All other application materials should be returned directly to ACCESS.

Checklist for ACCESS Membership:

☐ Fill out all parts of the Membership Application
☐ Fill out FAFSA completely and mail* (optional)
☐ Mail application to the ACCESS Program

For More information about membership in the ACCESS Program contact:

University of California, Santa Cruz
ACCESS Program
Department of Chemistry and Biochemistry
1156 High Street
Santa Cruz, CA 95064
e-mail: access@ucsc.edu
Phone: (831) 459-4197
Please answer the following questions as accurately and completely as possible. Print neatly in blue or black ink.

**Personal Information**

First Name ____________________________ M.I. _____ Last Name ____________________________

☐ Female ☐ Male Birth Date ___ / ___ / ______

E-mail ____________________________________________

Current Address ____________________________________________

City __________________ State ________ Zip ___________

Current Phone (____)_________________

Permanent Home Address (____) ____________________________________________

City __________________ State ________ Zip ___________

Permanent Home Phone (if different) (____)_________________

Are you a U.S. Citizen? ☐ Yes ☐ No     If not, do you have a legal right to work in the U.S.? ☐ Yes ☐ No

Check the box of the ethnic group you most strongly identify with (check only ONE):


☐ Mexican/Mexican American/Chicano ☐ Chinese/Chinese American ☐ Other Asian

☐ Other Spanish/Latino ☐ Vietnamese/Vietnamese American ☐ White/Caucasian

☐ East Indian/Pakistani ☐ Filipino/Filipino American ☐ Other (please specify) __________

☐ American Indian/Alaskan Native ☐ Pacific Islander ☐ Mixed (please specify) __________

**Education**

Last High School Attended ____________________________ City ____________ State ________

High School Diploma received? ☐ Yes ☐ No     GED/High School Equivalency? ☐ Yes ☐ No

College now enrolled ____________________________ Major/Course of study ____________

Enrollment began: Semester: ☐ Spring ☐ Summer ☐ Fall ☐ Winter     Year: ____________

Units completed (at current college) _______ Units currently enrolled _______ Estimated GPA _______

**Other Colleges Attended**

Name ____________________________ Dates Attended ____________________________ Degree received/Units Completed ____________________________

_________________________________________ ______________________________________

_________________________________________ ______________________________________

Highest Degree Desired:

☐ No Degree Desired ☐ Bachelors Degree ☐ Clinical Doctorate (MD) ☐ Combined Ph.D./MD

☐ Associates Degree ☐ Masters Degree ☐ Research Doctorate (Ph.D.) ☐ Other Professional Degree

Target Transfer Date: Semester: ☐ Spring ☐ Summer ☐ Fall ☐ Winter     Year: ____________
Please list the school you are most interested in transferring to:

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<th>School Name</th>
<th>Status</th>
<th>Proposed Major</th>
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Commitment to transferring:  □ Definitely will transfer  □ Probably will transfer  □ Considering transferring

If you checked 2 or 3 above, list any factors that may change your commitment to “Definitely will transfer”:

Additional information

Career goals or interests:

List any other academic programs (e.g. MESA, Puente, EOPS, EAOP, AVID, COSMOS, etc.) that you participated in (include dates):

Signature and Authorization

□  I agree to participate in the assessment of the ACCESS program by completing surveys and participating in focus groups and/or interviews regarding my perceptions and personal experiences in the program. I understand that all information will be treated as confidential by the researcher.

APPLICANT’S SIGNATURE _________________________________ DATE____ / ____ / _____

10/01/12