San Francisco State University

Guardian Scholars Program
2016-2017 Application Checklist

☐ CSU Undergraduate Online Application 10/01/15-11/30/15
   www.csumentor.edu

☐ $55 application fee or Request to Waive Admission Application Fee Form

☐ Official high school and/or college transcripts

☐ SAT I or ACT test scores

☐ English Placement Test (EPT) and Entry Level Mathematics Test (ELM)

☐ Educational Opportunity Program (EOP) Application 11/01/15 - 01/31/16
   >1/31 Priority Admissions<
   >3/31 Deadline

   **Step 1:** Applicant Information Form (Form 1)
   You can complete this form online at www.csumentor.edu when you complete the undergraduate application.

   **Step 2:** Recommendation Forms (Forms 2a and 2b)
   You can complete this form online at www.csumentor.edu when you complete the EOP application. Two (2) recommendations are required to complete the EOP application.

   **Step 3:** If you do not apply for financial aid by filing the FAFSA, you may be required to submit other documentation to determine EOP income eligibility.

   **Step 4:** The paper Applicant Information Form Statement should be sent to EOP office, and the Recommendation Forms should be sent to EOP by the persons completing them. The online Applicant Information Form and recommendation forms will be sent electronically to the EOP office.

☐ Guardian Scholars Program Application 11/01/15 - 04/01/16

☐ Ward of the Court Letter

☐ Personal Statement

☐ GSP applicants are encouraged to apply for on-campus housing immediately at www.sfsu.edu/~housing. There is a $55 non-refundable application fee.

☐ Free Application for Federal Student Aid (FAFSA) 01/01/16 – 03/02/16
   www.fafsa.edu.gov For GSP, you need to request a tax transcript from the IRS.

☐ Cal Grant GPA Verification Form 01/01/16 – 03/02/16

☐ Chafee Grant application ASAP
   www.csac.ca.gov

☐ Scholarship Opportunities at www.orphan.org

CONTACT US:
Guardian Scholars Program
1600 Holloway Avenue, SSB 201
San Francisco, CA 94132
Office: (415) 405-0546

gsp@sfsu.edu

Application and all related documentation must be faxed, emailed, hand-delivered or post-marked by April 1st, 2016 to receive priority consideration!
San Francisco State University
Guardian Scholars Program
2016-2017 Application

The following application must thoroughly be completed. Please do not leave any blanks. If a question cannot be answered please put N/A in the box. DISCLAIMER: Acceptance to GSP does not automatically guarantee admission to EOP or SFSU.

### PERSONAL

Name: ____________________________________________  [ ] Male  [ ] Female

Last  First  Middle

Preferred Name: ____________________________  Telephone: ___________________  Cell: ___________________

Address: _______________________________________________________________________________________

City: _________________  State: ___________________  Zip: ____________________

Email: ____________________________________________________________

Social Security Number: _________________________  Age: ______  Date of Birth: ___________________

Please choose which ethnic group you identify with (optional):

- [ ] American Indian or Alaska Native
- [ ] Asian
- [ ] Black or African American
- [ ] Hispanic or Latino

- [ ] Native Hawaiian or Other Pacific Islander
- [ ] White
- [ ] Two or more races/ethnicities

### ACADEMICS

School currently attending (name, city, state): ____________________________________________________________

____________________________________________________________

Date of graduation: ___________________________________  Cumulative GPA: _______________________

Have you been admitted to SFSU?  [ ] Yes  [ ] No  Submitted the online Accept Admission Offer (AAO)?  [ ] Yes  [ ] No

SFSU EOP application submitted:  [ ] Yes  [ ] No  Were you admitted?  [ ] Yes  [ ] No

For all first-time freshmen, did you complete the Summer Bridge Application?  [ ] Yes  [ ] No

Have you completed your FAFSA for the 2016-2017 academic school year?  [ ] Yes  [ ] No

Have you received your financial aid offer letter from SFSU Office of Financial Aid?  [ ] Yes  [ ] No

Class level at time of planned enrollment:  [ ] Incoming Frosh  [ ] Transfer  [ ] Other ________________________

Were you involved with the Independent Living Skills Program?  [ ] Yes  [ ] No  If yes, which one? ________________________

Independent Living Program (ILP) Coordinator: _____________________________________________________

Contact #: ___________________________________________________________________
FOSTER CARE EXPERIENCE

County of origin: □ San Francisco □ San Mateo □ Alameda □ Contra Costa
□ Santa Clara □ Marin □ Other ______________________________

Social Worker: _____________________________________________ Contact #: ______________________________

Total time spent in foster care: ____________________________ year(s) ____________________________ month(s)

Were you in or eligible for foster care between your 16th and 18th birthday? □ Yes □ No

Current medical coverage? □ Medi-cal □ SFSU □ Private health insurance □ Other _________________

Current living situation: □ Foster home □ Group home □ Relative □ Residential facility □ Apartment
□ Other __________________________________________________________________________________

Plan for housing while attending SFSU? □ Dorms/on-campus □ Apartment/off-campus □ With family/friend
□ Other: __________________________________________________________________________________

WORK EXPERIENCE

Current source of financial support: □ Foster family/group home □ Employment □ Chafee
□ Financial Aid □ Other ______________________________

Average hours worked per week in 2015? (enter 0 if unemployed): ________________________________

Total earnings between January 1, 2015 and December 31, 2015: ________________________________

RECOMMENDATIONS OF REFERENCE

Please provide names of references that can be contacted on your behalf (teacher, counselor, social worker, etc.).

Name: _______________________________ Relationship: ___________________________ Phone: __________________

Name: _______________________________ Relationship: ___________________________ Phone: __________________

How did you learn about this program? □ ILSP □ Foster family □ Relative □ Social Worker □ SFSU Staff
□ Other __________________________________________________________________________________

I acknowledge the accuracy, honesty and completeness of the information supplied for this application.

Signature: _______________________________ Date: ________________________________

PLEASE POSTMARK, HAND-DELIVER, FAX OR EMAIL TO US BY APRIL 1ST, 2016

We are committed to honoring the privacy of our applicants and will ensure the information provided by the applicant will be used solely for evaluation purposes only by the Guardian Scholars Program committee.
San Francisco State University

Guardian Scholars Program

Personal Statement

Name: ____________________________________________________________________________________________

Last First Middle

The personal statement is an important part of your application to the SF State Guardian Scholars Program (GSP) and you should give thoughtful consideration to your essay. We use your personal statement to learn more about you as an individual so think of a personal statement as your opportunity to introduce yourself to us. What would you like us to know about you that may be evident from a review of the rest of your application? You can share your talents, experiences, achievements and points of view.

Please tell us why you have decided to apply to GSP. How has being a current/former foster youth influenced your desire to pursue higher education? What is your motivation? You may want to write about people who have influenced you, experiences that have shaped you, difficulties or obstacles you have overcome, goals and hopes you have the future. What are your academic and career goals? Feel free to add anything else you consider important.

Regardless of what you choose to write about, your personal statement should reflect your own ideas and be written by you alone. Present your ideas in a focused, thoughtful manner and support them with specific examples.

Your personal statement and attach to this form and be Use no more than two 8 ½” x 11” sheets of white paper. In the top right corner of each page, type or print your last name.

_I certify that this personal statement is accurate and entirely my own work. I understand that if either of those representations is not correct, the SF State Guardian Scholars Program reserves the right to reject my application or withdraw my offer of admission to the program._

Signature: ________________________________ Date: ______________________________

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