Application For:

ASPIRE Program
SAN JOSE STATE UNIVERSITY

ASPIRE is a federally funded Student Support Services TRiO program. There is no cost to participate.

The ASPIRE program provides opportunities for academic development, assists students with basic college requirements, and serves to motivate students toward the successful completion of their postsecondary education. The goal of ASPIRE is to increase the college retention and graduation rates of its participants and help students make the transition from one level of higher education to the next.

Types of Activities

Activities include: academic, financial, and/or personal counseling, writing tutorial service, assistance in securing financial aid, assistance in securing admission and financial aid for enrollment in graduate and professional programs, guidance on major/career options, cultural activities, and college scholarships.

Application Checklist

- Completed ASPIRE application
- **Essay:** The essay should be two pages, double spaced, describing your personal background, academic and career goals.
- A copy of your most current community college (for transfers) or high school transcripts (for freshmen)
- A copy of your family’s 2015 income tax form on which you were claimed as a dependent or your own if independent.

After receiving the above information, we will make a determination about your admittance into ASPIRE. We will contact you after we reach our decision. If you have any questions, please feel free to contact the ASPIRE office at (408)924-2540. Thank you.

PLEASE NOTE: Deferred Action and Dream Act students are not eligible for ASPIRE services

Please send application to:
ASPIRE Program
San Jose State University
One Washington Square
San Jose, CA 95192-0127

For more information about the ASPIRE Program, please visit our website: [http://www.sjsu.edu/aspire](http://www.sjsu.edu/aspire)
Section I: Personal Information

Name: ____________________________

Last          First          Middle

Local Address: _________________________________________________________________

Street          Apt. #          City, State          Zip

Permanent Address: _________________________________________________________________

Street          Apt. #          City, State          Zip

Phone: ______-_______-_________  Cell Phone: ______-_______-_________

SJSU Student ID: ____________  SSN Number: ____________________________

Date of Birth: _______________________  Gender:  [ ] Male  [ ] Female

mm/dd/yy

E-mail address: ________________________________________________________________

Ethnicity:  _____ Native American/Alaskan Native  _____ White

_____ Asian  _____ Native Hawaiian/Pacific Islander

_____ Black or African-American  _____ Other

_____ Hispanic or Latino

Emergency Contact ___________________________ Relationship _______________________

Phone ____________________________

Section II: Program Eligibility

A. Citizenship

- Are you a U.S. citizen or Permanent Resident of the United States?  [ ] Yes  [ ] No

(Permanent Residents, give resident # ______________________)

- Are you an AB540 student?  [ ] Yes  [ ] No

- Are you a deferred action or Dream Act student?  [ ] Yes  [ ] No

PLEASE NOTE: Deferred Action and Dream Act students are not eligible for ASPIRE services

B. Academic Need

What is your highest ACT composite score? ______  What is your highest SAT Reading Score ______  Math ______

What is your English Placement Test (EPT) score? ______  Entry Level Math (ELM) Score ______? (If applicable)
C. Family Income
Please attach a copy of your family’s 2015 income tax form on which you were claimed as a dependent.

If your family was not required to file a federal tax form, please attach a note signed by your parent or guardian stating that no tax form was required.

If you filed as an independent please attach your 2015 income tax form and complete the remainder of part C using your information

- Household Taxable Income is household income after deductions are taken.
  - What was your Family’s Household Taxable Income for the year 2015? (Line 1-6 on 1040EZ / Line 1-27 on 1040A / Line 1-43 on 1040) ____________________________

Number of people in household ________  Do you live with your parents?  [ ] Yes  [ ] No
Marital Status ________  Do you have children?  [ ] Yes  [ ] No
Are you or your family receiving [ ] TANF [ ] Food Stamps [ ] Medi-Cal [ ] SSDI [ ] SSI

All of the information provided under Income Status is true to the best of my knowledge
*Guardian/Parent signature is required if you are claimed as a dependent*

Student Signature____________________________________Date__________________
Parent Signature____________________________________Date__________________

D. First Generation College Student Status
Has either parent received a FOUR-YEAR college degree?  [ ] Yes  [ ] No

If you circled yes, please indicate the year and institution your parent(s)/other head of household received at least a Bachelor’s degree:

Father: ____________________  Mother: ____________________  Other: ____________________

If you circled no, please indicate the highest grade level your parents(s)/other head household completed.

Father: ____________________  Mother: ____________________  Other: ____________________

With whom do you live?
   [ ] Mother and Father  [ ] Father only
   [ ] Mother only  [ ] Other Head of Household: ____________________

E. Documented Disability
Students who have disabilities, as defined by Section 504/ADA, may be eligible for participation in ASPIRE Services as a result of the educational needs stemming from those disabilities.

Do you have a documented disability?  [ ] Yes  [ ] No
Have you registered with SJSU Accessible Education Center?  [ ] Yes  [ ] No
Section III: Education Information

High School Graduation Yes____ No____ High School ____________________Year _________
GED Yes____ No____ Year __________

2016-2017 College Ranking (check one)
    _____ First-time Freshman
    _____ Returning Freshman
    _____ Sophomore

____ Junior
____ Senior
____ Transfer Credits Transferred________
If Transfer Student
Community College Attended________________________

Degree Plans

Major________________________

Section IV: Additional Information

Please list any college courses you completed while in high school (include grades earned):

course   grade
course   grade
course   grade
course   grade

Please mark the programs in which you have participated:

_____ Talent Search  _____ Upward Bound  _____ AVID  _____ Gear Up

_____ Other: __________________

Are you a participant of EOP at SJSU?  [ ] Yes  [ ] No

*EOP students are not eligible for ASPIRE services*

Have you applied for financial aid at SJSU?  [ ] Yes  [ ] No

To the best of your knowledge, check all that you are/will be receiving

[ ] SEOG  [ ] Cal Grant A or B
[ ] EOPG  [ ] Work Study
[ ] GSL  [ ] Pell Grant
[ ] USL  [ ] Other __________

How did you find out about the ASPIRE Program? __________________________

To help expedite consideration of your application, please sign the records release statement below:

I give permission to the ASPIRE Program office to request my admission, financial aid, and academic records in order to obtain the information necessary to act upon my application, provide services, and generate reports. I am aware that these materials will be kept in my ASPIRE file and will not be released to anyone else without my permission.

Student’s Signature: __________________________  Date: ________________
ASPIRE Services
Assessment

Name: ___________________________  SJSU Student ID: __________________

Last       First       Middle

Academic Need
(Please check all that apply):
____ I am currently taking Learning Support classes
____ I have been out of school for five or more years
____ I am interested in graduate school information
____ I had low high school grades/GPA
____ I am considering dropping out of college
____ I have low college grades/GPA
____ I am having problems in a current class
____ I have failed a course(s) while in college
____ I am undecided about my future career
____ I am confused about my advising/classes needed
____ I have limited English proficiency
____ I find English challenging
____ I find reading challenging
____ I find Science challenging
____ I find math challenging
____ I have problems with math
____ I received a GED
____ I am undecided about my major
____ Lack of support from family/friends

Other Needs/Concerns that I have about college:

Personal Need
(Check all of the following services that may interest and/or benefit you):

Academic Advising:
____ Working with an ASPIRE staff member, full-time
____ Assistance with selecting a major
____ Career exploration
____ Assistance with selection of courses
____ Developing a graduation plan (list of all courses needed to graduate)

Financial Aid:
____ Assistance with the FAFSA completion
____ Assistance applying for scholarships
____ Information on TRiO Grant Aid
____ Understanding Financial Aid policies

Personal-Social Development:
____ Family conflict
____ Budgeting skills
____ Cultural Enrichment
____ Self-Concept Improvement
____ Parenting/Day Care
____ Exercise/Nutrition
____ Sexual Concerns

Signature: _____________________________________________  Date: ________________

Academic Support/Instruction:
____ Help improve study skills
____ Assistance with presentation skills
____ Tutoring in Subject Areas
____ Writing (essays)
____ Reading
____ Math
____ Science

Computer Skills:
____ Improve overall computer skills
____ Learn more about online tutoring
____ Assistance with MySJSU
____ Learn how to register for classes

____ Problem-Solving
____ Anger Management
____ Stress Management
____ Motivation
____ Self Discipline
____ Coping Skills
____ Communication Skills
If accepted into ASPIRE, I will be eligible for the following benefits…

- ASPIRE staff member who services as my academic mentor, advisor, career counselor, and resource consultant
- Supplemental Grant Aid (for first and second year students only)
- ASPIRE Incentive Program
- ASPIRE student computer lab
- Mentoring from experienced upperclassmen – ASPIRE staff, student staff, and ASPIRE Student Association
- Cultural Activities

If accepted into ASPIRE, I agree to the following

- I agree to attend all enrolled classes and will complete assigned homework.
- As a freshmen, I will meet with my ASPIRE Advisor at least 4 times a semester
- As a continuing participant (second year and beyond), I will meet with my ASPIRE Advisor at least 3 times a semester.
- I agree to participate in at least one study skill/advising workshop, social, or cultural activity during the semester. I will discuss scheduling conflicts with my advisor.
- I will review my mid-term progress reports each semester and discuss my grades with my ASPIRE Advisor
- I will read/check my email weekly to keep updated and current with ASPIRE activities.
- I will be honest and conscientious with the ASPIRE staff and use its services to help me be a successful college student.

_________________________  __________________
Signature                        Date
ASPIRE Program
2016-2017

Consent To Release
(To be completed by all applicants)

I understand that the ASPIRE Program needs access to my financial, personal and academic information in order to provide the best possible support for me at San Jose State University. I agree to release such information to the ASPIRE staff members as long as I am considered an active participant or a student at SJSU. I further understand that all released material will remain confidential. Academic information and disability verification, however, will be shared with faculty, university departments, the Coordinator for Accessible Education Center, and appropriate representatives of the U.S. Department of Education only as necessary.

I also agree to allow my name and/or picture to be printed in any ASPIRE newsletter, publication, web site, or display in recognition of academic success, leadership, or graduation.

By my signature I certify that I am eighteen years old or older, that I have read and understood this Consent to Release and that I am capable of giving such consent and do so voluntarily.

Printed name: ______________________________________________________

SIGNATURE:____________________________________________________DATE________________________

If under eighteen years of age, parental signature is required.

Parental Signature________________________________________________Date________________________

Release of Information
(To be completed by students with disabilities)

I agree to allow my ASPIRE Advisor to discuss issues related to my academic progress with the Disability Resource Center staff for the purpose of coordinating academic and personal support services as long as I am an active ASPIRE participant.

By my signature I certify that I am eighteen years old or older, that I have read and understood this Consent to Release and that I am capable of giving such consent and do so voluntarily.

SIGNATURE:____________________________________________________DATE________________________

If under eighteen years of age, parental signature is required.

Parental Signature________________________________________________Date________________________
The ASPIRE Program encourages you to get participate in FYE. Space in FYE is very limited, so DON’T MISS OUT on this great opportunity.

FYE Dates
July 26-29, 2016

Name: ___________________________ SJSU ID: ___________________________
E-mail: ___________________________ Phone#: ___________________________

In Case if Emergency Notify:
Name ___________________________ Relationship ___________________________ Phone# ___________________________

Do you have any special accommodations?  □ Diet  □ Disability  □ Medical  □ Other

Please list if any special accommodations: ____________________________________________________________

Please write a brief statement describing your interest in FYE below:
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________

If accepted to FYE, I commit to attend the full four days of the 2016 program from July 26-29.

Signature: ___________________________ Date: ___________________________

PRINT AND RETURN COMPLETED APPLICATION BY JULY 11TH TO:
ASPIRE PROGRAM
San Jose State University  Telephone: (408) 924-2540
One Washington Square  Fax: (408) 924-2634
San Jose, CA 95192-0127  Email: angelica.ochoa@sjsu.edu
ONLY FOR INCOMING TRANSFERS

ASPIRE Program
Summer Orientation Application
August 26, 2016
8:30-2:30PM

Please complete each of the items below to the best of your knowledge. All applications will be reviewed by the ASPIRE selection committee. Those that are chosen for our orientation program on August 26, 2016 will be notified.

Name:

Address:

SJSU ID #:

Phone Number:  ____________________________  E-Mail: ____________________________

SJSU Major: ____________________________  Transferring From: ____________________________

Do you plan to attend SJSU in Fall 2015?  Yes  No

Will you be a transfer student?  Yes  No

Are you the first person in your family to attend college?  Yes  No

Did either of your parents graduate from a 4-year college?  Yes  No

Are you a U.S. citizen or legal resident?  Yes  No

Have you been admitted to SJSU through the Educational Opportunity Program (EOP)?  Yes  No

Have you applied for Financial Aid?  Yes  No

If “Yes,” did you receive an Award Letter?  Yes  No

Write a brief description about your career and/or academic objectives.  

________________________  ____________________________  ____________________________

Name (Print)  Signature  Date

PRINT AND RETURN COMPLETED APPLICATION BY AUGUST 5TH TO:

ASPIRE PROGRAM
San Jose State University
One Washington Square
San Jose, CA 95192-0127

Telephone: (408) 924-2540
Fax: (408) 924-2634
Email: angelica.ochoa@sjsu.edu