Application For:

Student Support Services (SSS)
ASPIRE Program
SAN JOSE STATE UNIVERSITY

If accepted into ASPIRE, I will be eligible for the following services:

- ASPIRE staff member who serves as my academic mentor, advisor, career counselor, and resource consultant
- Supplemental Grant Aid (for first and second year students only)
- Academic, financial, and/or personal advising
- ASPIRE student computer lab and FREE printing
- Mentoring from experienced upperclassmen – ASPIRE staff, student staff, and ASPIRE Student Association
- Cultural Activities and fieldtrips

Application Checklist

☐ Completed (SSS) ASPIRE application
☐ Essay: The essay should be two pages, double-spaced, describing your personal background, academic and career goals (we look at content, not grammar).
☐ A copy of your most current community college (for transfers) or high school transcripts (for freshmen)
☐ A copy of your family’s 2016 income tax (or whichever income tax form used for 2018-2019 FAFSA) on which you were claimed as a dependent or your own if independent.

Please Note: EOP participants are not eligible for (SSS) ASPIRE services

After receiving a complete application with supporting documents, we will make a determination about your admittance into the ASPIRE program. Any missing document may render your application incomplete and therefore not eligible for the program.

Please mail or drop off application to:
(SSS) ASPIRE Program
San Jose State University
One Washington Square
San Jose, CA 95192-0127
(408) 924-2540

For more information about the ASPIRE Program, please visit our website: 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 _____ More than one race

_____ Hispanic or Latino       _____ No Response

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 # __________________________)
B. Family Income
Please attach a copy of your family’s 2016 income tax form (or whichever income tax used for 2018-2019 FAFSA), 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 2016 income tax form (or whichever income tax used for 2017-2018 FAFSA), and complete the remainder of part B using your information

- **Household Taxable Income** is household income after deductions are taken.
  - What was your Family’s Household Taxable Income for the year 2016? (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__________________

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

  Educational Attainment of Mother:
  Highest Grade Completed: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16
  College Degree earned, if any:
    Degree: _______________ Institution: _____________________

  Educational Attainment of Father:
  Highest Grade Completed: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16
  College Degree earned, if any:
    Degree: _______________ Institution: _____________________

  Before the age of 18 with whom did you regularly reside and received support?
  Mother only _____ Father only _____ Both _____ Other: ________________

D. 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 _________

2018-2019 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):

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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

[ ] Cal Grant A or B
[ ] Work Study
[ ] Pell Grant
[ ] Other ______________

How did you find out about the ASPIRE Program?

OFFICE USE ONLY:

____ DIS  ____ FG  ____ LI  Academic Need: ______________

____ DIS/LI  ____ LI/FG
# 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 from 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)

**Academic Support/Instruction:**

- [ ] Help improve study skills
- [ ] Assistance with presentation skills
- [ ] Tutoring in Subject Areas
- [ ] Writing (essays)
- [ ] Reading
- [ ] Math
- [ ] Science

**Financial Aid:**

- [ ] Assistance with the FAFSA completion
- [ ] Assistance applying for scholarships
- [ ] Information on TRiO Grant Aid
- [ ] Understanding Financial Aid policies

**Computer Skills:**

- [ ] Improve overall computer skills
- [ ] Learn more about online tutoring
- [ ] Assistance with MySJSU
- [ ] Learn how to register for classes

**Personal-Social Development:**

- [ ] Family conflict
- [ ] Budgeting skills
- [ ] Cultural Enrichment
- [ ] Self-Concept Improvement
- [ ] Parenting/Day Care
- [ ] Exercise/Nutrition
- [ ] Sexual Concerns
- [ ] Problem-Solving
- [ ] Anger Management
- [ ] Stress Management
- [ ] Motivation
- [ ] Self Discipline
- [ ] Coping Skills
- [ ] Communication Skills

Signature: ________________________________________

Date: ____________________
If accepted into ASPIRE, I will be eligible for the following benefits…

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

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  
2018-2019  

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. 

Student name (printed): ______________________________________________________________ 

STUDENT SIGNATURE: ___________________________________ DATE ____________________ 

If under eighteen years of age, parental signature is also 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 participate in FYE. Space in FYE is very limited, so DON’T MISS OUT on this great opportunity.

**FYE Dates**
*July 17-20, 2018*

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 under eighteen years of age and **will not be eighteen years old** by 7/17/18, parental signature is required.

Parental Signature ___________________________________ Date _______________________

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If accepted to FYE, I commit to attend the full four days of the 2018 program from July 17-20.

Signature: ___________________________          Date: _______________________

PRINT AND RETURN COMPLETED APPLICATION **ASAP** or **BY JUNE 8TH** 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