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
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.
  
  o 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):

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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

[    ] 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:** ____________

## Academic Need
(Please check all that apply):

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

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

**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

Signature: ____________________________  Date: ____________
ASPIRE Program

Admissions Contract

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 ____________________
ONLY FOR INCOMING FRESHMEN

First Year Experience
(FYE)
Application Form

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 **JUNE 17TH** 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: ____________________________

Yes ☐ No ☐

Do you plan to attend SJSU in Fall 2015?

Will you be a transfer student?

Are you the first person in your family to attend college?

Did either of your parents graduate from a 4-year college?

Are you a U.S. citizen or legal resident?

Have you been admitted to SJSU through the Educational Opportunity Program (EOP)?

Have you applied for Financial Aid?

If “Yes,” did you receive an Award Letter?

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  Telephone: (408) 924-2540
One Washington Square  Fax: (408) 924-2634
San Jose, CA 95192-0127  Email: angelica.ochoa@sjsu.edu