

**SHP-PEP 2015 Application**

**STUDENT HEALTH PROFESSIONALS PRE-ENTRY PROGRAM (SHP-PEP)**

California State University, Northridge   
Science and Math Student Services Center (SSC)/EOP Satellite Office

***Instructions****: Please print clearly*

*Fields marked with an asterisk (\*) are required*

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| \*Last Name | | | | | | | | | | | | \*First Name | | | | | | | | | | | \*Middle | | | | | | | | |
| \*Primary E-mail: | | |  | | | | | | | | | | | | | \*CSUN E-mail: | | |  | | | | | | | | | | | @my.csun.edu | |
|  | | | |
| \*CSUN Student ID Number: | | | | | | | | |  | | | | | | |  | | | | | | | | | | | | | | | |
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| \*Current Mailing Address | | | | | | | | | | | | | | | | \*City | | | | | \*State | | | | | | | | \*Zip Code | | |
| \*Current Home Telephone: | | | | | | | ( ) | | | | | | | | | \*Current Cell Phone | | | | | | ( ) | | | | | | | | | |
| \*DOB (MM/DD/YY): | | | | | | |  | | | | | | | | | \*Gender: | | | | | □ Male | | | | | □ Female | | | | |  |
| \*Major: |  | | | | | | | | | | \*Option: | | | □ B.A. (Bachelor of Arts) | | | | | | Specify B.S. Option: | | | | | |  | | | | | |
|  | | | | |  | | |  | | | | | | □ B.S. (Bachelor of Science) | | | | | |  | | | | | | | | | | | |
| \*Career of Interest: | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| \*In case of emergency, contact: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \*Last Name: | |  | | | | | | | | | | | \*First Name: | | |  | | | | | \*Relationship: | | | | | |  | | | | |
|  | | | | | |  | | | | | | | | | |  | | | | | | | | | | | | | | | |
| \*Primary Telephone: | | | | | | ( ) | | | | | | | | | | \*Secondary Telephone: | | | | | ( ) | | | | | | | | | | |
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| **2. Family Background** (Please check the appropriate boxes. Use N/A for Non-Applicable.) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Father/Guardian** | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
| Some High School Completed? | | | | | | | | | | Yes | | | No | |  | |  | | | | | | | | | | | | | | |
| Completed High School? | | | | | | | | | | Yes | | | No | |  | | **\*Please specify the country where the degree(s) was earned:** | | | | | | | | | | | | | | |
| Bachelor’s Degree? | | | | | | | | | | Yes | | | No | | N/A | | Country: |  | | | | | | | Degree: | | |  | | | |
| Advanced Degree? (Masters, Doctorate, etc.) | | | | | | | | | | Yes | | | No | | N/A | | Country: |  | | | | | | | Degree: | | |  | | | |
| Current occupation? | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
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| **Mother/Guardian** | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
| Completed Some High School? | | | | | | | | | | Yes | | | No | |  | |  |  | | | | | |  |  | | |  | | | |
| Completed High School? | | | | | | | | | | Yes | | | No | |  | | **\*Please specify the country where the degree(s) was earned:** | | | | | | | | | | | | | | |
| Bachelor’s Degree? | | | | | | | | | | Yes | | | No | | N/A | | Country: |  | | | | | | | Degree: | | |  | | | |
| Advanced Degree? (Masters, Doctorate, etc.) | | | | | | | | | | Yes | | | No | | N/A | | Country: |  | | | | | | | Degree: | | |  | | | |
| Current occupation? | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |

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| **You must answer each of the following questions:** | | | | | | |
| 1. During the past 10 years, have you or your family received any income from public assistance programs such as Welfare, TANF, Social Security, disability, etc.? | | | | | Yes | No |
|  |  | | | |  |  |
| If yes, how many years: |  | | | |  |  |
|  |  | | | |  |  |
| Type(s) of aid(s): |  | | | |  |  |
| 1. Have you or your family ever participated in any publicly funded programs such as subsidized housing, employment/training program (i.e. CETA), school lunch programs, etc.? | | | | | Yes | No |
|  |  | | | |  |  |
| If yes, list programs: |  | | | |  |  |
| 1. Do you live in a single parent household? | | | | | Yes | No |
| If so, with whom: |  | | | |  |  |
| 1. Please specify the average annual family income, check one. | | | | | | |
| $10,000 - $20,000 | | $31,000 - $40,000 | | $51,000 - $60,000 | $71,000 - $80,000 | |
| $21,000 - $30,000 | | $41,000 - $50,000 | | $61,000 - $70,000 | $81,000 and above | |
| 1. Please provide proof of financial documents from your parents or guardians ***(i.e. copy of the following: 1040A form, W-2 form, Social Security Benefits Check, etc)*** and attach it to your application. All applicants must provide this information or application will not be considered. Please DO NOT submit originals. | | | | | | |
| 1. Have you been part of a Foster Care Program? | | | | | Yes | No |
| 1. Do you live with other family member(s) other than father and/or mother (i.e. guardian,   Grandparent, uncle, aunt, etc.)? | | | | | Yes | No |
| If yes, number of persons in the household: | | |  | |  |  |
| 1. Are you the first member in your family to go to college? | | | | | Yes | No |
| If not, please specify the number of brothers and/or sisters who : | | | | |  |  |
| Are currently attending college: | | |  | |  |  |
| Have some college but are currently **not**:  attending | | |  | |  |  |
|  | | |  | |  |  |
| Graduated from college: | | |  | |  |  |
|  | | |  | |
| If graduated, name of the college(s)? | | |  | |
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| 1. Do you or any other children in your family work primarily to contribute to household expenses? | | | | | Yes | No |
| If yes, how many other children work? | | |  | |  |  |
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| How many hours per week do you work? | | |  | |  | |
| 1. Do you use public transportation? | | | |  | Yes | No |
| If so, how often: | | |  | |  | |
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| 11. Ethnic/Racial background, please check all that apply. | | | | | | | | | | | | |
| Asian | | | | | | Hispanic/Latina/o | | | | | | |
| Asian American or Pacific Islander | | | | | | Native American or Alaskan Native | | | | | | |
| Black or African American | | | | | | Caucasian | | | | | | |
| Filipino | | | | | | Other (Please Specify):­­­­­­­­­­­­­­ | | | |  | | |
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| **3. Educational Data** Please list ***all*** science and math Advance placement (AP) and Honor (H) courses taken in high school and the grades received beginning with the 9th grade. Indicate honor classes with an *H* and advanced placement classes with *AP.* (ex H. Biology, AP calculus, etc.) \***Note:** Please attach a copy of your **unofficial high school transcripts** and your recent progress report cards to your application. | | | | | | | | | | | | |
| **9th Grade** |  | | | |  | | **10th Grade** | |  | | | |
| Class | | |  | Grade |  | | | Class | | |  | Grade |
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| \***Please list all advanced placement (AP) exam(s), International Baccalaureate (IB) exams(s) and *any* community college course(s) taken in the 9th and 10th grade.** | | | | | | | | | | | | |
| Advanced Placement exams/IB exams | | |  | Score |  | | Community College Course | | | |  | Score |
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| **11th Grade** | |  |  |  |  | | **12th Grade** | |  | | | |
| Class | | |  | Grade |  | | Class | | | | | Grade |
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| **\* Please list all advanced placement (AP) exam(s), International Baccalaureate (IB) exams(s) and *any* community college course(s) taken in the 11th and 12th grade.** | | | | | | | | | | | | |
| Advanced Placement exam/IB exams | | |  | Score |  | | Community College Course | | | |  | Grade |
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| \* Please list *all* high schools (including specific locations; i.e. City, State) that you have attended. | | | | | | | | | | | | |
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| \* Please list *all* colleges (including specific locations; i.e. City, State) you attended as a high school student.  **Note:** Please attach a copy of your community college transcript. | | | | | | | | | | | | |
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| \* Will you be taking Early Start the Summer 2015 at Cal State University, Northridge (CSUN)? | | Yes | No | | Unsure |
| If yes, list either English, Math or both. |  |  | |  | |
|  | |  | |  | |
| \* Will you be taking courses during Summer 2015 at a community college? | | Yes | No | | Unsure |
| If yes, list the name(s) of the course(s) and the community college you will be attending: | |  | |  | |
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| \* Have you taken the Entry Level Math (ELM) and/or the English Placement Test (EPT)? | | Yes | | No | |
| \* Date taken or will take the ELM: |  |  | |  | |
|  |  |  | |  | |
| \* Date taken or will take the EPT: |  |  | |  | |
| Have you applied to the Educational Opportunity Program (EOP) here at CSUN? | | Yes | | No | |
| **†**Have you been accepted into the Educational Opportunity Program (EOP) here at CSUN? | | Yes | | No | |
|  | | Do Not Know | | | |
| **† *Please note****: If you are accepted into the SHP-PEP program,* ***you are responsible to uphold your EOP contractual agreement.*** | | | | | |

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| **Please answer the following question:** | | |
| SHP-PEP is a pre-health pipeline program that supports students pursuing a career in the health field. Tell us why you are interested in the health field and how you have been preparing to pursue this career. How are you planning to reach your desired pre-health career goal? **(250-500 words).** | | |
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**4. Short Answer Question**

**5. Deadline**

**Completed applications and supporting materials must be postmarked on or before FRIDAY, MAY 15, 2015.**

* You may be asked to participate in an interview. A telephone interview will be arranged for applicants who live more than 90 miles away.
* If selected as a SHP-PEP student, you must attend **ALL** summer program events. **NO** exceptions will be made. **Residential Summer SHP-PEP Week begins Monday, August 3rd, 2015 through Friday, August 7th, 2015.**
* Please confirm your availability to participate in Summer SHP-PEP Week. □**Yes** □**No**

## Statement of Authenticity and Participation

I certify that the above information is true and correct. I agree to provide, if requested, any official documentation necessary to verify this information. I understand that false statements or misrepresentation on this form may result in cancellation of admission to SHP-PEP.

If accepted, I will participate fully in the program and abide by all the rules and regulations as stipulated by the SHP-PEP Advisory Committee. This includes, to the best of my ability, my attendance at all classes, workshops, special presentations, group sessions, and other programmatic events arranged by the SHP-PEP staff during the stated period of the program.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Return this application with supporting materials postmarked on or before **Friday, May 15, 2015** to:

**SHP-PEP**

**c/o Science and Math Student Services Center (SSC)/EOP**

**18111 Nordhoff Street**

### Northridge, CA 91330-8408

**(818) 677-4558**

**You can also fax your application and supporting materials to: Attention Amina V. Gonzalez at (818) 677-3877 or**

**e-mail to** avgonzalez@csun.edu

**If you have any questions, please call 818-677-4558 and ask to speak with a SHP-PEP Representative.**



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| Please make sure you have fully completed your application by marking them off below. **An incomplete application will not be considered.** |
| **1. Personal Data** |
| Last Name, First Name, Middle |
| CSUN Student ID Number |
| Primary and CSUN E-mail |
| Current Mailing Address (City, State, Zip) |
| Current Home Telephone & Cell Phone Number |
| Birth date, Gender |
| Career of Interest, Major, Option |
| Emergency Contact Information |
| **2. Family Background** |
| Parent/Guardian Education |
| Parent/Guardian Education |
| Questions 1 – 11 |
| Copy of financial documentation ***(i.e. copy of the following: 1040A form, W-2 form, Social Security***  ***Benefits Check, etc)* DO NOT SUBMIT ORIGINALS** |
| **3. Educational Data** |
| Copy of your unofficial High School Transcript and recent progress report card |
| List of all AP & Honor science & math courses taken from 9th –12th grade, along with the grades earned |
| List of all AP/IB exams taken from 9th – 12th grade, along with the scores received |
| List of all community college courses taken from 9th – 12th grade, along with the grades received |
| List of all community colleges attended |
| If applicable, community college transcript |
| Courses for Summer of 2015 |
| ELM & EPT Tests Dates |
| **4. Short Answer Question** |
| Question |
| **5. Deadline** |
| **POSTMARKED ON OR BEFORE FRIDAY, MAY 15, 2015** |
| Signed and dated application on page 6 |