

SHP-PEP 2021 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

1. Personal Information

*Last Name: _____ *First Name: _____ *Middle: _____

*CSUN Email: _____@my.csun.edu *Secondary Email (if any): _____

*CSUN ID Number: _____

*Mailing Address: _____ *City: _____ *State: _____ *Zip Code: _____

*Cellular Phone Number: _____ *Alternative Phone Number: _____

*DOB(MM/DD): _____ *Preferred Pronouns _____

*Ethnic/Racial Background (Please check all that apply):

Asian

Hispanic/Latino/a

Asian American or Pacific Islander

Native American or Alaskan Native

Black or African American

Caucasian

Mexican or Mexican American

Other (please specify): _____

***Please provide emergency contact information:**

*Last Name: _____ *First Name: _____ *Relationship: _____

*Primary Telephone Number: _____ *Secondary Phone Number: _____

2. Major and Career Interest

*Major: _____ *Option: B.A (Bachelor of Arts)
 B. S. (Bachelor of Science) *Concentration _____

*Which health profession are you pursuing? _____

3. Family Background

*Are you the first member in your family to go to college? Yes No

If not, are there any members of your family (please specify relationship) who:

Are currently attending college: _____

Have some college but did not graduate: _____

Graduated from college: _____

If graduated, name of college(s): _____

Parent/Guardian #1

- Some High School Completed Yes No
- Completed High School Yes No
- Bachelor's Degree Yes No
- Advanced Degree (Masters, Doctorate) Yes No

Country: _____ Degree: _____
 Country: _____ Degree: _____

*Please specify the country where degree(s) was earned

Current Occupation: _____

Parent/Guardian #2

- Some High School Completed Yes No
- Completed High School Yes No
- Bachelor's Degree Yes No
- Advanced Degree (Masters, Doctorate) Yes No

Country: _____ Degree: _____
 Country: _____ Degree: _____

*Please specify the country where degree(s) was earned

Current Occupation: _____

4. Family Income:

1. Do you live in a single parent household? Yes No
2. Are you a ward of the court or former foster youth? Yes No

If yes, do you live with other family member(s) other than father and/or mother (i.e. Guardian, Grandparent, Uncle, Aunt, etc.)?

Number of people in the household _____

3. During the past 10 years, have you or your family received any income from public assistance programs such as Welfare, TANF, AFDC, Social Security, Disability, etc.? Yes No

If yes, how many years: _____

Type(s) of aid(s): _____

4. 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: _____

5. 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

6. Please provide proof of financial FAFSA/DREAM Act submission.

If invited to interview, proof of income (i.e. copy of the following: 2019 1040 Tax Forms, W-2 form, Social Security Benefits Check, etc.) will be requested.

5. Educational Background

*Please list all high schools that you have attended (include specific locations; i.e. City, State.)

*Please list all colleges you attended (include specific locations; i.e. City, State.)

Note: If you haven't done so already, please submit an official transcript to A&R

*Will you be taking courses during summer 2021 at a community college or at CSUN? Yes No

If yes, list the name(s) of the course(s) and college campus you will be attending.

*What is your current CSUN GPA? _____

*What is your cumulative GPA? _____

*Are you a current EOP student? Yes No

*Are you part of any programs, clubs, and organizations on campus? Yes No

If yes, list the name of clubs, orgs and/or programs

*Have you completed any volunteer experience in your field of interest (i.e. hospitals, veterinarian clinics)? Yes No

If yes, please indicate where and how long you volunteered

*Check off any campus resources you have used during your first year at CSUN:

- Career Center
- CSM SSC/EOP Tutoring
- Department Tutoring
- Klotz Health Center
- Learning Resource Center
- Office hours
- Oasis Wellness Center
- Student Recreating Center
- University Counseling Services

*Are you available to participate in Summer SHP-PEP Week from **August 16th-20th, 2021**? Yes No

6. Short Answer Questions *Please attach a separate word document for the following short answer questions.*

- a) SHP-PEP is a pre-health pipeline program, which supports students pursuing a career in health services. Tell us why you have chosen a profession in the health field and what has shaped your decision to become a health professional?
- b) Based on your field of interest, what research or experience have you completed that supports your interest in that particular field? For example, interviewed someone in the profession and/or completed an internship.
- c) Throughout each academic year, SHP-PEP consists of mandatory advisement, monthly meetings, annual retreats, and other events, how do you anticipate you will manage your time?
- d) SHP-PEP is a pipeline program designed to help first-generation, low-income students from underrepresented backgrounds, why do you feel you will benefit from an extra level of support?
- e) College takes a great deal of motivation, what are best practices you follow that help you stay motivated in your courses?

7. Deadline

Completed applications and supporting materials must be submitted by email to gladys.mendez@csun.edu by **June 25th, 2021**.

- ❖ You will be asked to participate in an interview.
- ❖ If selected as a SHP-PEP student, you must attend **ALL** summer program events. **NO** exceptions will be made. **SHP-PEP Summer Week begins Monday, August 16th- Friday, August 20th 2021.**

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: _____

You can e-mail your application and supporting materials to: gladys.mendez@csun.edu

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

California State University Northridge



Please make sure you have fully completed your application by checking off the list 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 Month and Day only
- Emergency Contact Information

2. Major and Career

- Career of Interest, Major, Option

3. Family Background

- Family Education
- Parent/Guardian Education
- Parent/Guardian Education

4. Family Income

- Questions 1 – 5
- Copy of financial documentation (*i.e. copy of: FAFSA/DREAM Act Confirmation*)

5. Educational Background

- Questions 1 – 9

6. Short Answer Questions Prompt

- Short Answer Questions (A-E)

7. Deadline

- SUBMITTED ON OR BEFORE Friday, June 25th, 2021.**
- Signed and dated application