

PEACH STATE LSAMP APPLICATION 2006

*PLEASE PRINT CLEARLY

**CURRENT LSAMP STUDENTS ONLY NEED TO UPDATE/FILL-IN CONTACT INFORMATION

Name: _____ Date: _____

Social Security #: _____ Date of Birth: _____

Undergraduate Graduate Academic Yr. Frosh. Soph. Junior Senior

Expected year of graduation: _____ Current GPA: _____

Are you an Hope Scholar student? Yes No

Home Address: _____

Home phone number: _____

Local Address: _____

Local phone number: _____ E-mail: _____

Parent/guardian name(s): _____

Parent/guardian address (if different from your home address):

Are you a resident of GA? Yes No

Country of birth, if other than USA: _____

Are you a permanent resident ? Yes No

Sex: Male Female

Ethnicity:

- | | |
|---|--|
| <input type="checkbox"/> African-American | <input type="checkbox"/> Hispanic/Latino |
| <input type="checkbox"/> Native American/Alaskan Native | <input type="checkbox"/> White |
| <input type="checkbox"/> Asian/Pacific Islander | <input type="checkbox"/> Other: _____ |

Personal Statement (Must be typed)

On a separate piece of paper, please discuss your educational interests, career goals, and previous experience in either research and/or preparation for graduate study.

Areas of Interest:

(Intended) Major/Field of study: _____

(Intended) Minor: _____

Intended Career

Choice: _____

Are you a former LSAMP student? Yes No

As a FVSU student have you ever conducted academic research? Yes No

If so with whom and in what field? _____

Agreement

I, _____, agree to fully participate in all activities sponsored by the Peach State Louis Stokes Alliance for Minority Participation Program (LSAMP) at Fort Valley State University.

Signature

Date

*Please return completed application to the LSAMP Program Coordinator.

Fort Valley State University
Program Coordinator
1005 State University Dr.
Rm.244 Miller Science Bldg.
Fort Valley, GA 31030
478-825-6841(office)

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Submit Application