GRADUATE EQUITY FELLOWSHIP

The Graduate Equity Fellowship Program seeks to increase the diversity of students completing graduate degree programs in the CSU, encourages enrollment in doctoral programs, and promotes consideration of university faculty careers. It provides fellowships for economically disadvantaged CSU students who have overcome educational disadvantages or hardships.

A Graduate Equity Fellowship recipient must meet all of the following requirements:

- Admitted to CSUEB and to a Master’s program as a classified or conditionally classified student;
- Enrolled in a minimum of 8 graduate units each quarter during the 2011-2012 academic year;
- Maintain a cumulative GPA of 3.0 in courses required for the degree;
- Be a legal California resident;
- Eligible for Financial Aid (You must file the Free Application for Federal Student Aid--FAFSA-- by August 5, 2011) and have a minimum financial need of $1,000; and
- Demonstrated potential to succeed in graduate school and to complete a Master's degree program in no more than two years as evidenced by undergraduate coursework and letters of recommendation.

To complete an application for the Graduate Equity Fellowship, please submit the following:

- A completed application form (can be downloaded from www.csueastbay.edu/gradopportunities);
- Official transcripts – Unofficial CSUEB transcripts are acceptable. If you are already enrolled in graduate school, please provide only your graduate school transcripts. If you have not yet enrolled in graduate school, please provide a transcript from the most recent institution you have attended;
- Two recommendation forms (at least one from a faculty member); and
- A statement of purpose – a one page, typed, single-space explanation of the following:
  - New Applicants: How the fellowship will help you achieve your career/professional goals, including a university faculty career, if applicable, and any educational disadvantages you have overcome.
  - Renewal Applicants: How the fellowship has enhanced your current educational experience and how a renewal will help you achieve your career/professional goals.

Deadline: Friday, August 5, 2011
All materials must be received by 5:00 p.m. Friday, August 5, 2011 at:

California State University, East Bay
Academic Programs and Graduate Studies office
25800 Carlos Bee Boulevard, SA 4500
Hayward, CA  94542-3011

Please note: A student may receive a Graduate Equity Fellowship grant for a maximum of 2 consecutive years. All awards are subject to availability of funds. Questions should be directed to Academic Programs and Graduate Studies Student Services at APGSSStudentServices@csueastbay.edu.

Updated 5/25/2011
Please clearly print or type the information on this form.

Date: ____________________________________________
(Date application is submitted)

CONTACT INFORMATION

Name: ____________________________________________

Address: _________________________________________

City/State/Zip: ____________________________________

Phone: __________________________ Other Phone: ________________

Student Net ID: ________________________________ Email: ___________________________

DEMOGRAPHIC INFORMATION

Are you a legal California resident? □ YES □ NO  Gender (OPTIONAL): □ MALE □ FEMALE

Are you disabled? (OPTIONAL): □ YES □ NO  If yes, please explain. __________________________
(Disability will be verified.)

Ethnicity (OPTIONAL): ____________________________________________
EDUCATION

Undergraduate Institution: ___________________________________________________

Undergraduate Major: _____________________________________________________

Start date (or intended start date) of graduate program at CSUEB:

Quarter: _______ Year: _______ Graduate Major: _____________________________

Graduate units completed: _________ GPA: _______

What is your future occupation or profession? __________________________________

Do you plan to pursue a Doctorate degree?  □ YES □ NO

Please check highest level of formal education for each parent. (OPTIONAL)

Mother:                      Father:

☑ No high school             ☑ No high school
☑ Some high school           ☑ Some high school
☑ High school graduate      ☑ High school graduate
☑ Some college              ☑ Some college
☑ 2-year college graduate   ☑ 2-year college graduate
☑ 4-year college graduate   ☑ 4-year college graduate
☑ Postgraduate              ☑ Postgraduate

Names of application recommenders:

1. ________________________  2. ________________________
   Faculty                    Other/Faculty
To Be Read By Applicant and Recommender: Under the Family Educational Rights and Privacy Act of 1974, students have access to their admission records, including letters of recommendation. However, students may waive their right to see letters of recommendation, whereupon such letters will be held in confidence. If the applicant has not signed this waiver, it is assumed that the recommender understands that the applicant may request to see this form. Retaining your right to access this recommendation will not affect consideration of the fellowship application.

☐ I have retained my right of access to this recommendation

☐ I have waived my right of access to this recommendation

____________________ ______________________
Signature of Applicant Date

____________________
Name of Applicant

____________________ ______________________
Name of Recommender Position/Title of Recommender

____________________
Organization

The above named applicant is applying for a Graduate Equity Fellowship at California State University, East Bay. We would appreciate your candid evaluation of this applicant.

Recommendation Forms must be received by 5:00 p.m. Friday, August 5, 2011 at:

California State University, East Bay
Academic Programs and Graduate Studies office
25800 Carlos Bee Boulevard, SA 4500
Hayward, CA 94542-3011
Please respond to both sections A and B.

A. Please rate this student in each area by placing an "X" in the appropriate box.

<table>
<thead>
<tr>
<th></th>
<th>No Basis for Judgment</th>
<th>Below Average</th>
<th>Average</th>
<th>Above Average</th>
<th>Excellent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Analytical Skills</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Leadership Ability</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Written Communication</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oral Communication</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Perseverance</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Academic Ability</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Judgment and Maturity</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

B. In the space provided below or on a separate sheet, please respond to the following:
   1) the length of time you have known the applicant and your relationship to him/her;
   2) your impressions of this applicant, including observations on his/her character, academic potential, and ability to successfully complete a Master’s degree program in two years; and
   3) your impressions of this applicant including observations of his/her ability to serve as a faculty member at an institution of higher learning or in a college/university setting.

Signature of Recommender _________________________________ Date ____________________________

Completed form must be received by 5:00 p.m. Friday, August 5, 2011 to:
California State University, East Bay, Office of Academic Programs and Graduate Studies, Graduate Equity Fellowship Program, 25800 Carlos Bee Boulevard, SA 4500, Hayward, CA 94542-3011

Updated 5/25/2011
GRADUATE EQUITY FELLOWSHIPS

To the applicant for the Graduate Equity Fellowships:

Should you become a recipient of the Graduate Equity Fellowships, we would like your permission to have your name published in our department and campus website as well as any CSU statewide or national announcements. Please sign below to allow or opt out of having your name publicized.

☐ Yes, I allow my name to be publicized.  ☐ No, I do not want my name publicized and choose to opt out.

__________________________
Print name

__________________________
Signature

__________________________
Date

Please submit this completed form with your application for the Graduate Equity Fellowships to the CSUEB’s APGS office, SA 4500, by August 5, 2011, 5:00PM.

If you have questions or need clarification, please email APGSStudentServices@csueastbay.edu, or visit www.csueastbay.edu/gradopportunities.