EXCEL PROGRAM STUDENT APPLICATION

(Please print legibly)

Last Name: 
First Name: 
Middle Name: 
Address: 
City: 
Zip Code: 
Date of Birth (mm/dd/yyyy): ___/___/______ 
Net ID #: 
Gender: □ Male □ Female □ Other 
Telephone Contact Number: 1st: ( ) 
2nd: ( ) 
My Horizon Email Address: @horizon.csueastbay.edu 

ELIGIBILITY

If you are not a CSUEB EOP, Project Impact participant or Open University Student, you may be eligible to receive our EXCEL Program services if you meet the following requirements:

An UNDERGRADUATE student who has a DEMONSTRATED ACADEMIC NEED, and is at least one or more of the following:
- A FIRST GENERATION COLLEGE STUDENT
- A LOW-INCOME STUDENT
- A DISABLED STUDENT (Must be registered with Accessibility Services located next door in LI 2400.)

REQUIRED APPLICATION DOCUMENTS

Program participation is contingent upon submitting the following appropriate documents. Your application will not be reviewed unless all appropriate documents are turned in when applying:

1. **LOW INCOME VERIFICATION**: Documents must be Signed & Dated. 
   IRS FEDERAL TAX FORMS: 1040, 1040a, 1040ez: Dependent and / or Independent Status
   *If IRS Federal Tax forms were not filed*: Official Letterhead Showing Monthly Stipend from – SSI, SSDI, FAFSA/SAR, CALWORKS.

2. **CSUEB UNDERGRADUATE LETTER OF ACCEPTANCE** (Only required if not enrolled in CSUEB at the time of EXCEL application), or **Current Quarter Class Schedule**.

3. **IF NOT A U.S. CITIZEN, YOU MUST BE A PERMANENT RESIDENT CARD HOLDER**: You must bring your card to the office when you turn in your application materials so the EXCEL Staff can make a front and back copy of your card.

4. **EXCEL’S DISABILITY VERIFICATION (BLUE) REFERRAL FORM**: 
   If you are a student with a disability, this form can be obtained from your Accessibility Services counselor in LI 2400.
The EXCEL Program is a U.S. Department of Education federally funded (TRIO) program that serves undergraduate college students with a demonstrated academic need who are low-income and/or first generation students (neither parent has a U.S. college Bachelor’s degree), and/or disabled. Services are only available to students who are U.S. citizens or nationals of the U.S., or who meet residency requirements for federal financial aid, and who are completing their first Bachelor’s degree.

**PLEASE COMPLETE THE FOLLOWING:**

### ETHNIC GROUP IDENTITY

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<tbody>
<tr>
<td>1</td>
<td>American Indian or Alaska Native</td>
<td>5</td>
<td>White / Caucasian</td>
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<tr>
<td>2</td>
<td>Asian</td>
<td>6</td>
<td>Native Hawaiian or other Pacific Islander</td>
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<tr>
<td>3</td>
<td>Black or African American</td>
<td>7</td>
<td>More than one race – Multi-Racial</td>
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<tr>
<td>4</td>
<td>Hispanic or Latino</td>
<td>8</td>
<td>Decline to state / Unknown</td>
</tr>
</tbody>
</table>

### UNDERGRADUATE DEGREE INFORMATION

**MAJOR:** ____________________________________________

i.e. BUS, HDEV, CRJA, NURS, BIOL, ART, etc.

**OPTION:** ____________________________________________

**MINOR (if applicable):** ____________________________________________

**MY MAJOR IS UNDECLARED AT THIS TIME**

**I AM CONSIDERING CHANGING MY MAJOR**

Do you have any Interest in Graduate or Professional School?

<table>
<thead>
<tr>
<th>LAW</th>
<th>MED</th>
<th>DENTAL</th>
<th>VET</th>
<th>CRED</th>
<th>GRADUATE SCHOOL</th>
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Other Interests? ____________________________________________

Previous College(s) Attended: ____________________________________________

CLASS LEVEL: (Self Reported Units)

<table>
<thead>
<tr>
<th></th>
<th>FRESHMAN (0-44 Units)</th>
<th>SOPHOMORE (45-89) Units</th>
<th>JUNIOR (90-134) Units</th>
<th>SENIOR (135+) Units</th>
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</thead>
<tbody>
<tr>
<td>☐</td>
<td>1 = 1st year Freshman</td>
<td>3 = Sophomore</td>
<td>4 = Junior</td>
<td>5 = 4th year Senior</td>
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<tr>
<td>☐</td>
<td>2 = 2nd year Freshman</td>
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<td>6 = 5th year +</td>
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</table>
## PARTICIPANT’S ELIGIBILITY BACKGROUND INFORMATION

1. Did either of your parents/adoptive parents receive a Bachelor’s degree?
   1a. If yes, did you regularly live/receive support from the parent/adoptive parent who graduated with a Bachelor’s degree? [ ] Yes [ ] No

2. Are you a U.S. Citizen? [ ] Yes [ ] No
   2a. If you are NOT a U.S. Citizen, please answer the following question: Do you have a Permanent Resident Card? [ ] Yes [ ] No

3. Is English your first language? [ ] Yes [ ] No
   3a. If No – Your first language is: □ Spanish □ Chinese □ Tagalog □ Farsi □ Other: ____________________________
   3b. Do you have limited English proficiency? [ ] Yes [ ] No

4. Are you registered with Accessibility Services? [ ] Yes [ ] No
   4a. If Yes – Are you a student with a disability requiring accommodations? [ ] Yes [ ] No
   4b. If Yes – Are you registered with PROJECT IMPACT? [ ] Yes [ ] No

5. Are you a CSUEB EOP (Educational Opportunity Program) student? [ ] Yes [ ] No

6. Are you a former FOSTER YOUTH, WARD OF THE STATE, or HOMELESS? [ ] Yes [ ] No

7. Are you a SINGLE PARENT with dependent children less than 18 years old? [ ] Yes [ ] No

8. Have you served on active duty in the U.S. MILITARY SERVICE? [ ] Yes [ ] No
   8a. Veteran [ ] Yes [ ] No
   8b. Disabled Veteran [ ] Yes [ ] No

9. Have you been out of college for five (5) or more years? [ ] Yes [ ] No

10. Have you been an undergraduate for more than seven (7) years? [ ] Yes [ ] No

11. What California High School did you attend? ____________________________
    Year Graduated: _____________ City: ____________________

12. Have you participated in any of the following support programs?
    □ CalWorks □ Upward Bound □ EOPS (Junior College)
    □ VocRehab □ Educational Talent Search □ Puente
    □ Other SSS/TRiO Programs (please list): ____________________________
    □ Other (please list): ______________________________________________
**ACADEMIC NEEDS CHECKLIST**

**INSTRUCTIONS:** Carefully check one box for **EACH** of the academic needs listed below based upon how much support you feel/think you need currently or in the future.

<table>
<thead>
<tr>
<th>Academic Need</th>
<th>A: Yes!</th>
<th>B: Definitely</th>
<th>C: Sure</th>
<th>D: No thanks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preparing for graduate school</td>
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<tr>
<td>English as a second language</td>
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<tr>
<td>Thinking of changing major</td>
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<tr>
<td>Academic advising</td>
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<td>General Education requirements</td>
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<td>Major requirements</td>
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<td>College adjustment</td>
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<tr>
<td>Transfer planning</td>
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<tr>
<td>Financial aid paperwork</td>
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<tr>
<td>Scholarship information</td>
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<tr>
<td>Cultural/social activities</td>
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<tr>
<td>Personal issues</td>
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<td>Single parenting issues</td>
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<td>Motivation</td>
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<td>Career issues / exploration / career counseling</td>
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<td>Goal setting</td>
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<tr>
<td>Study / review strategies</td>
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<tr>
<td>Time management / organizing myself</td>
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<tr>
<td>Reading / note-taking skills</td>
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<td>Math skills</td>
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<tr>
<td>Writing skills</td>
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<tr>
<td>Tutorial services (see below)</td>
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<tr>
<td>Study groups</td>
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<tr>
<td>Test anxiety</td>
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<tr>
<td>Using Internet / Horizon</td>
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<tr>
<td>Computer lab use</td>
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<td>Library research skills</td>
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<tr>
<td>Other: (Please indicate below)</td>
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</table>

**TOTAL:**

If requesting tutorial services, please specify area(s) of need:

- [ ] Accounting
- [ ] English
- [ ] WST
- [ ] Biology
- [ ] Math
- [ ] Other (please indicate): ____________________________
- [ ] Physics
- [ ] Statistics
CHECK ALL THAT APPLY TO YOU:

- I am eligible for Federal Financial Aid
- I am NOT eligible for Federal Financial Aid
- I did not apply for Federal Financial Aid
- I COMPLETED the Free Application for Federal Student Aid (FAFSA) on: __________________________

  I plan to submit my Free Application for Federal Student Aid (FAFSA) on: __________________________

IF YOU OR YOUR FAMILY RECEIVES ASSISTANCE FROM ONE OR MORE OF THE FOLLOWING, PLEASE INDICATE WHICH ONE(S):

- SOCIAL SECURITY INCOME (SSI)
- SOCIAL SECURITY DISABILITY INCOME (SSDI)
- VOCATIONAL REHABILITATION
- VETERAN’S BENEFITS
- CALWORKS / TANF
- ADC / AFDC
- OTHER (PLEASE EXPLAIN): __________________________

INDICATE ANY OF THE FOLLOWING THAT APPLY TO MEETING YOUR COLLEGE EXPENSES DURING THE CURRENT ACADEMIC YEAR:

- Working Full Time (30 - 40+ hours)
- Working Part Time (15 - 20+ hours)
- Paid Internship (10 - 20 hours)
- Work Study (10 - 20 hours)
- Additional scholarships, private grants that are not included in financial aid:
  Scholarship/Grant Name: __________________________
  Amount: __________________________

- Other (i.e. Parents, Pensions, etc. - Please explain): __________________________

Do NOT complete the section below: (Please continue on the next page)

EXCEL Program OFFICIAL STAFF USE ONLY

IF THE STUDENT IS ELIGIBLE FOR FINANCIAL AID:

Financial Aid Year: __________________________

<table>
<thead>
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<th>Need:</th>
<th>EFC:</th>
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<tbody>
<tr>
<td>$</td>
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</tbody>
</table>

| Total Aid Accepted: | $ |

| Unmet Financial Aid Need: | $ |

| SAP: |

IF UNMET FINANCIAL AID NEED IS MORE THAN ZERO:

PLEASE CHECK THE PRIMARY REASON:

| 1 | Student refused loan(s) |
| 2 | Student refused work-study |
| 3 | Other: |

If the student still has unmet financial need after reviewing the areas above, then the following topics were discussed:

______________________________
PHOTO RELEASE

I grant permission to the EXCEL Program (aka Student Support Services/TRIO), on behalf of the California State University, East Bay and its agents or employees, to use photographs taken of me for use in university publications such as recruiting brochures, newsletters, news print, and magazines, and to use the photographs on display boards, and to use such photographs in electronic versions of the same publications or on University web sites or other electronic forms or media, and to offer them for use or distribution in other non-university publications, electronic or otherwise, without notifying me.

I hereby waive any right to inspect or approve the finished photographs or printed or electronic matter that may be used in conjunction with them now or in the future, whether that use is known to me or unknown, and I waive any right to royalties or other compensation arising from or related to the use of the photograph.

I hereby agree to release, defend, and hold harmless the EXCEL Program, on behalf of California State University, East Bay and its agents or employees, including any firm publishing and/or distributing the finished product in whole or in part, whether on paper or via electronic media, from and against any claims, damages or liability arising from or related to the use of the photographs, including but not limited to any misuse, distortion, blurring, alteration, optical illusion or use in composite form, either intentionally or otherwise, that may occur or be produced in taking, processing, reduction or production of the finished product, its publication or distribution.

I am 18 years of age or older and I am competent to contract in my own name. I have read this release before signing below, and I fully understand the contents, meaning and impact of this release. I understand that I am free to address any specific questions regarding this release by submitting those questions in writing prior to signing, and I agree that my failure to do so will be interpreted as a free and knowledgeable acceptance of the terms of this release.

☐ Use Name Only ☐ Use Photo Only
☐ Use Both Name & Photo ☐ Use Neither Name or Photo

CONFIDENTIALITY POLICY AND RELEASE OF INFORMATION

Information provided to the EXCEL Program regarding a student's academic work is considered confidential. No information about a student is released to any on/off campus individual/agency without the student’s written consent.

In order to work effectively with students, EXCEL may need to share information with, and/or also obtain information from other CSUEB departments, instructors and other professionals who have a legitimate educational need to know. When it is necessary and appropriate to discuss your educational situation with other CSUEB employees and off campus agency individuals, they will be reminded of their obligation to keep this information confidential as mandated by FERPA (Federal Family Educational Rights and Privacy Act of 1974). This may include but is not limited to: Accessibility Services, Counseling and Psychological Services (CaPS), Academic Advising and Career Education (AACE) / WorkAbility IV Program and California Department of Rehabilitation. Only information that EXCEL deems appropriate is released, and only for the following reasons:

• To assess a student’s need for EXCEL services
• To provide appropriate EXCEL services
• To advocate (when requested) on a student’s behalf
• To comply with University/CSU and TRIO reporting requirements

I understand that I have a right to receive a copy of this authorization upon my request. I authorize the EXCEL Program to share information about me under the condition outlined above. I understand that this authorization becomes effective immediately. It shall automatically terminate upon graduation from CSUEB or when I am no longer registered at CSUEB. A photocopy of this form is as valid as the original.

ANNUAL EXCEL PARTICIPANT AGREEMENT

As an EXCEL/TRIO SSS Program participant, I understand that each academic year, I will need to renew my program participation. I will meet/make contact with my EXCEL Counselor at least once each quarter.

I certify that all the information provided in this application is accurate and complete to the best of my knowledge. If requested, I agree to provide further documentations to verify the information reported.
Please mail or bring in your COMPLETED APPLICATION AND SUPPORTING DOCUMENTS to:

EXCEL TRiO Program
California State University, East Bay
25800 Carlos Bee Boulevard (SF 202)
Hayward, CA  94542

Phone No.:  510-885-3722

http://www20.csueastbay.edu/sa/excel