GRADUATE EQUITY FELLOWSHIP
2017-2018

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 units applicable to the degree program each quarter during the 2017-2018 academic year, and plan to graduate no earlier than Spring 2018. This is a firm requirement. Students who do not enroll in 8 units in a particular quarter or who graduate before Spring 2018 will forfeit that portion of the award;**
- Maintain a cumulative GPA of 3.25 in courses required for the degree;
- Be a legal California resident;
- **Eligible for Financial Aid (You must file by the deadline the Free Application for Federal Student Aid—FAFSA - for 2017-2018) and have a minimum financial need of $1,000; and**
- Demonstrated potential to succeed in graduate school;
- Students may receive Graduate Equity grants for a maximum of two years.

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 a CSUEB graduate program, please provide only your CSUEB graduate school transcripts. If you have *not* yet enrolled in a CSUEB program, please provide a transcript from your undergraduate institution;
- Two recommendation forms, **at least one from a faculty member**; and
- A statement of purpose – a two page, typed and double-spaced, explanation of the following:

  ~ ***New Applicants***: Describe your academic and personal background and educational and/or professional achievements, how this fellowship will help you achieve your career/professional goals, including a university faculty career, if applicable; and a discussion of any educational disadvantages you have overcome.

  ~ ***Renewal Applicants***: Describe your academic achievements during 2015-2016. How has the fellowship enhanced your current educational experience and how a renewal will help you achieve your career/professional goals?

Deadline: Friday, June 2nd, 2017

All materials must be received by 5:00 p.m. Friday, June 2, 2017 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 years.** All awards are subject to availability of funds. Questions should be directed to Academic Programs and Graduate Studies Student Services gradstudies@csueastbay.edu.

Updated 4/4/2017

CALIFORNIA STATE UNIVERSITY, EAST BAY
ACADEMIC PROGRAMS AND GRADUATE STUDIES

GRADUATE EQUITY FELLOWSHIP PROGRAM
APPLICATION – PAGE 1

Please clearly print or type the information on this form.

Date: _____ ❑ New Applicant ❑ Renewal Applicant
(Date application is submitted)

CONTACT INFORMATION

Name: _____

Address: _____

City/State/Zip: _____

Phone : _____ Other Phone: _____

Student Net ID: _____ **Horizon 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. _____

Ethnicity (OPTIONAL): _____

Should you become a recipient of the Graduate Equity Fellowship, 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.

CALIFORNIA STATE UNIVERSITY, EAST BAY
ACADEMIC PROGRAMS AND GRADUATE STUDIES

GRADUATE EQUITY FELLOWSHIP PROGRAM
APPLICATION – PAGE 2

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:

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

Father:

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

Name and relationship of application recommenders:

1. _____ 2. _____
Faculty

CALIFORNIA STATE UNIVERSITY, EAST BAY
ACADEMIC PROGRAMS AND GRADUATE STUDIES

GRADUATE EQUITY FELLOWSHIP PROGRAM
RECOMMENDATION FORM – PAGE 1

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, June 2nd, 2017 at:

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

CALIFORNIA STATE UNIVERSITY, EAST BAY
ACADEMIC PROGRAMS AND GRADUATE STUDIES

GRADUATE EQUITY FELLOWSHIP PROGRAM
RECOMMENDATION FORM – PAGE 2

Please respond to **both** sections A and B.

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

	No Basis for Judgment	Below Average	Average	Above Average	Excellent
Analytical Skills					
Leadership Ability					
Written Communication					
Oral Communication					
Perseverance					
Academic Ability					
Judgment and Maturity					

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, June 2nd, 2017 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