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 semester during the academic year of your award, and plan to graduate no earlier than Spring semester of that year. Students who do not enroll in 8 units in a particular semester or who graduate before Spring semester 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) 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 the university where you received your undergraduate degree (community college transcripts do not need to be submitted);
- 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 the first year that you received the award. How has the fellowship enhanced your current educational experience and how a renewal will help you achieve your career/professional goals?

Application Deadline
All materials must be received in the Office of Graduate Studies at the address below by the application deadline. See www.csueastbay.edu/gradopportunities for the application deadline.

California State University, East Bay
Suite 4500, 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 Office of Graduate Studies at gradstudies@csueastbay.edu.
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.

<table>
<thead>
<tr>
<th>Date: ____________________________</th>
<th>☐ New Applicant  ☐ Renewal Applicant</th>
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<tbody>
<tr>
<td>(Date application is submitted)</td>
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</tbody>
</table>

**CONTACT INFORMATION**

Name: ____________________________________________

Address: _________________________________________

City/State/Zip: ___________________________________

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.
EDUCATION

Undergraduate Institution: ____________________________________________________________

Undergraduate Major: _______________________________________________________________

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

Term: _______ Year: _______ Graduate Program: _________________________________

Graduate units completed: _______ Graduate GPA: _______

If no graduate units completed - Undergraduate 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
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 the Graduate Studies Office by 5:00 p.m. at the address below: See [www.csueastbay.edu/gradopportunities](http://www.csueastbay.edu/gradopportunities) for the application deadline.

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.

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