Coconino Community College

SOUTHERN NEVADA NORTHERN ARIZONA (SNNA)
LOUIS STOKES ALLIANCE FOR MINORITY PARTICIPATION (LSAMP)
PARTICIPANT APPLICATION (2018-2019)

Please Type or Print in Blue or Black Ink.

STEP 1: Please answer the following questions about yourself.

a. What is your **name**?
Last Name _____ First Name _____ Middle Initial _____

b. What is your **mailing address**?
Street Address _____ Apt. # _____
City _____ State _____ Zip _____

c. What are your **phone numbers**? (Please include area codes.)
Home _____ Work _____ Cell _____

d. What is your **e-mail address**? _____

STEP 2: Please answer the following questions about yourself.

a. What is your **Student ID#**? _____

b. What is your **birthdate**? _____

c. Are you **Hispanic** or **Latino**? ☐ YES ☐ NO

d. What is your **race**? (Please check all boxes that describe you.)
☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or other Pacific Islander ☐ White

e. What is your **gender**? ☐ Female ☐ Male ☐ Other

f. What is your **major(s)**? _____

STEP 3: Please answer the following questions about your parents and about yourself.

a. Has your mother received/earned a 4-year college degree? ☐ YES ☐ NO

b. Has your father received/earned a 4-year college degree? ☐ YES ☐ NO

c. Which parent did you regularly reside with and receive support from during your childhood (i.e., until you were 18 years old)? (Please check only one box.)
☐ Both Mother and Father ☐ Mother only ☐ Neither Mother nor Father ☐ Father only

d. Are you a current Pell grant recipient? ☐ YES ☐ NO

STEP 4: Please answer the following questions about yourself.

a. Are you interested in learning more about career opportunities in STEM? ☐ YES ☐ NO

b. Do you need academic support, mentoring, and/or other services to help you be successful in a STEM discipline? ☐ YES ☐ NO

c. Do you need assistance with the process of transferring to NAU or UNLV to pursue a bachelor's degree in STEM? ☐ YES ☐ NO

STEP 5: Please read the following statement and then sign and date below it.

By signing this application, I attest that all the information on this application is true. Moreover, I authorize the release of the student's official academic records to the SNNA-LSAMP project, understanding that the information in these records will be used only to assess the student's need for SNNA-LSAMP program services; discern the student's educational progress; evaluate the effectiveness of program activities; and fulfill program-reporting requirements. Finally, I authorize SNNA-LSAMP to use the student's name, statements and likeness, without charge, for promotional purposes in SNNA-LSAMP publications, advertising, video, and other formats. **Note:** You can submit the form unsigned by email, but will be required to sign later.

_____ _____
Student's Signature Date

_____ _____
Signature of Student's Parent or Legal Guardian (if student is less than 18 years of age) Date

STEP 6: Return (by e-mail, U.S. mail, or fax) this completed and signed application to the CCC LSAMP Program Coordinator.

E-mail: Vidal.Mendoza@coconino.edu
Fax: 928-226-4110
Attn: Vidal Mendoza | Office: 411

U.S. Mail: Vidal Mendoza, LSAMP Coordinator
Innovative Learning Services and Solutions | Coconino Community College
2800 S. Lone Tree Road, Flagstaff, AZ 86005

Submit Form by Email

FOR OFFICE USE ONLY

Approved for Admission to CCC SNNA-LSAMP on: _____
Admitted to: ❑ Green cohort (18-19 freshmen)
❑ Blue cohort (18-19 sophomores)

Approved By: _____
CCC SNNA-LSAMP Site Director (SD) or Designee Name

_____
SD or Designee Signature and Date