

# ACCESS

A Bridge to University Science

University of California ♦ Dept. of Chemistry & Biochemistry ♦ 1156 High St. ♦ Santa Cruz, CA 95064  
Phone & Fax: (831) 459-4197 ♦ [access@chemistry.ucsc.edu](mailto:access@chemistry.ucsc.edu)

## Membership Application

Thank you for your interest in the ACCESS program. We look forward to welcoming you as a new member. To become a member of ACCESS, please take a few minutes and complete the enclosed application materials. In addition to the ACCESS application, you are encouraged to complete the Free Application for Federal Student Aid (FAFSA) to determine your income status\*. Completing the FAFSA will help you plan the financing of your college education and make you eligible for a variety of scholarships and financial aid programs. A FAFSA can be obtained at your community college financial aid office. All other application materials should be returned to ACCESS in the envelope provided.

### Checklist for ACCESS Membership:

- Fill out all parts of the Membership Application
- Fill out FAFSA completely and mail\* (optional)
- Mail application to the ACCESS Program

For More information about membership in the ACCESS Program contact:

University of California, Santa Cruz  
ACCESS Program  
Department of Chemistry and Biochemistry  
1156 High Street  
Santa Cruz, CA 95064  
e-mail: [access@chemistry.ucsc.edu](mailto:access@chemistry.ucsc.edu)  
Phone: (831) 459-4197

(Last Name)

(First Name)

Please answer the following questions as accurately and completely as possible. Print neatly in blue or black ink.

**Personal Information**

First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name \_\_\_\_\_

Female  Male Birth Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

E-mail \_\_\_\_\_

Current Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Current Phone (\_\_\_\_) \_\_\_\_\_

Permanent Home Address (\_\_\_\_) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Permanent Home Phone (if different) (\_\_\_\_) \_\_\_\_\_

Are you a U.S. Citizen?  Yes  No If not, do you have a legal right to work in the U.S.?  Yes  No

Check the box of the ethnic group you most strongly identify with (check only ONE):

- African/African American/Black  Japanese/Japanese American  Korean/Korean American
- Mexican/Mexican American/Chicano  Chinese/Chinese American  Other Asian
- Other Spanish/Latino  Vietnamese/Vietnamese American  White/Caucasian
- East Indian/Pakistani  Filipino/Filipino American  Other (please specify) \_\_\_\_\_
- American Indian/Alaskan Native  Pacific Islander  Mixed (please specify) \_\_\_\_\_

**Education**

Last High School Attended \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

High School Diploma received?  Yes  No GED/High School Equivalency?  Yes  No

College now enrolled \_\_\_\_\_ Major/Course of study \_\_\_\_\_

Enrollment began: Semester:  Spring  Summer  Fall  Winter Year: \_\_\_\_\_

Units completed (at current college) \_\_\_\_\_ Units currently enrolled \_\_\_\_\_ Estimated GPA \_\_\_\_\_

**Other Colleges Attended**

Name	Dates Attended	Degree received/Units Completed
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Highest Degree Desired:**

- No Degree Desired  Bachelors Degree  Clinical Doctorate (MD)  Combined Ph.D./MD
- Associates Degree  Masters Degree  Research Doctorate (Ph.D.)  Other Professional Degree

Target Transfer Date: Semester:  Spring  Summer  Fall  Winter Year: \_\_\_\_\_

**Please list the school you are most interested in transferring to:**

School Name	Status	Proposed Major
_____	<input type="checkbox"/> Hope to Apply <input type="checkbox"/> Accepted <input type="checkbox"/> Applied <input type="checkbox"/> Guaranteed Admissions Agreement	_____
_____	<input type="checkbox"/> Hope to Apply <input type="checkbox"/> Accepted <input type="checkbox"/> Applied <input type="checkbox"/> Guaranteed Admissions Agreement	_____
_____	<input type="checkbox"/> Hope to Apply <input type="checkbox"/> Accepted <input type="checkbox"/> Applied <input type="checkbox"/> Guaranteed Admissions Agreement	_____
_____	<input type="checkbox"/> Hope to Apply <input type="checkbox"/> Accepted <input type="checkbox"/> Applied <input type="checkbox"/> Guaranteed Admissions Agreement	_____

Commitment to transferring:    Definitely will transfer    Probably will transfer    Considering transferring  
If you checked 2 or 3 above, list any factors that may change your commitment to “Definitely will transfer”:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Additional information**

Career goals or interests:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List any other academic programs (e.g. MESA, Puente, EOPS, EAOP, AVID, COSMOS, etc.) that you participated in (include dates)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Signature and Authorization**

I agree to participate in the assessment of the ACCESS program by completing surveys and participating in focus groups and/or interviews regarding my perceptions and personal experiences in the program. I understand that all information will be treated as confidential by the researcher.

APPLICANT’S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_