



**EXCEL TRIo Program**  
 California State University, East Bay  
 25800 Carlos Bee Boulevard (LI 2450)  
 Hayward, CA 94542  
 (510) 885-3722 (510) 885-2397 FAX



## EXCEL PROGRAM STUDENT APPLICATION

**(Please print legibly)**

<b>Last Name:</b>			
<b>First Name:</b>		<b>Middle Name:</b>	
<b>Address:</b>		<b>City:</b>	<b>Zip Code:</b>
<b>Date of Birth (mm / dd / yyyy):</b> _____ / _____ / _____		<b>Net ID #:</b>	
<b>Gender:</b>	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Decline to state
<b>Telephone Contact Number:</b>	<b>1st:</b> (      )	<b>2nd:</b> (      )	
<b>My Horizon Email Address:</b>		@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 – (Neither parent has a U.S. college Bachelor’s degree)
- 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  
 Other: 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 TRIo Program is Federally Funded by the U.S. Department of Education

## THE EXCEL TRIO PROGRAM

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

- |  |  |
|--|--|
| <input type="checkbox"/> 1 American Indian or Alaskan Native | <input type="checkbox"/> 5 White / Caucasian                 |
| <input type="checkbox"/> 2 Asian                             | <input type="checkbox"/> 6 Native American                   |
| <input type="checkbox"/> 3 Black or African American         | <input type="checkbox"/> 7 More than one race – Multi-Racial |
| <input type="checkbox"/> 4 Hispanic or Latino                | <input type="checkbox"/> 8 Decline to state / Unknown        |

### 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?	<b>LAW</b> <input type="checkbox"/>	<b>MED</b> <input type="checkbox"/>	<b>DENTAL</b> <input type="checkbox"/>	<b>VET</b> <input type="checkbox"/>	<b>CRED</b> <input type="checkbox"/>	<b>GRADUATE SCHOOL</b> <input type="checkbox"/>
Other Interests? _____						

**Previous College(s) Attended:** \_\_\_\_\_  
\_\_\_\_\_

CLASS LEVEL: (Self Reported Units)	FRESHMAN (0-44) Units	SOPHOMORE (45-89) Units	JUNIOR (90-134) Units	SENIOR (135+) Units
	<input type="checkbox"/> 1 = 1 <sup>st</sup> year Freshman <input type="checkbox"/> 2 = 2 <sup>nd</sup> year Freshman	<input type="checkbox"/> 3 = Sophomore	<input type="checkbox"/> 4 = Junior	<input type="checkbox"/> 5 = 4 <sup>th</sup> year Senior <input type="checkbox"/> 6 = 5 <sup>th</sup> year +

## PARTICIPANT'S ELIGIBILITY BACKGROUND INFORMATION

<p>1. Did your PARENTS/GUARDIANS graduate with a Bachelor's degree in the United States?</p> <p style="text-align: center;">                     Mother / Guardian .....                      Father / Guardian .....                 </p>	<p style="text-align: center;"> <input type="checkbox"/> Yes     <input type="checkbox"/> No  <input type="checkbox"/> Yes     <input type="checkbox"/> No                 </p>
<p>2. Are you a U.S. Citizen? .....</p> <p>2a. If you are <u>NOT</u> a U.S. Citizen, please answer the following question: Do you have a Permanent Resident Card? .....</p>	<p style="text-align: center;"> <input type="checkbox"/> Yes     <input type="checkbox"/> No  <input type="checkbox"/> Yes     <input type="checkbox"/> No                 </p>
<p>3. Is English your first language? .....</p> <p>3a. If <u>No</u> – Your first language is: <input type="checkbox"/> Spanish    <input type="checkbox"/> Chinese    <input type="checkbox"/> Tagalog    <input type="checkbox"/> Farsi <input type="checkbox"/> Other: _____</p> <p>3b. Do you have limited English proficiency? .....</p>	<p style="text-align: center;"> <input type="checkbox"/> Yes     <input type="checkbox"/> No  <input type="checkbox"/> Yes     <input type="checkbox"/> No                 </p>
<p>4. Are you registered with Accessibility Services? .....</p> <p>4a. If Yes – Are you a student with a disability requiring accommodations? .....</p> <p>4b. If Yes – Are you registered with PROJECT IMPACT? .....</p>	<p style="text-align: center;"> <input type="checkbox"/> Yes     <input type="checkbox"/> No  <input type="checkbox"/> Yes     <input type="checkbox"/> No  <input type="checkbox"/> Yes     <input type="checkbox"/> No                 </p>
<p>5. Are you a CSUEB EOP (Educational Opportunity Program) student? .....</p>	<p style="text-align: center;"> <input type="checkbox"/> Yes     <input type="checkbox"/> No                 </p>
<p>6. Are you a former FOSTER YOUTH, WARD OF THE STATE, or HOMELESS? .....</p>	<p style="text-align: center;"> <input type="checkbox"/> Yes     <input type="checkbox"/> No                 </p>
<p>7. Are you a SINGLE PARENT with dependent children less than 18 years old?.....</p>	<p style="text-align: center;"> <input type="checkbox"/> Yes     <input type="checkbox"/> No                 </p>
<p>8. Have you served on active duty in the U.S. MILITARY SERVICE? .....</p> <p>8a. Veteran.....</p> <p>8b. Disabled Veteran .....</p>	<p style="text-align: center;"> <input type="checkbox"/> Yes     <input type="checkbox"/> No  <input type="checkbox"/> Yes     <input type="checkbox"/> No  <input type="checkbox"/> Yes     <input type="checkbox"/> No                 </p>
<p>9. Have you been out of college for five (5) or more years? .....</p>	<p style="text-align: center;"> <input type="checkbox"/> Yes     <input type="checkbox"/> No                 </p>
<p>10. Have you been an undergraduate for more than seven (7) years? .....</p>	<p style="text-align: center;"> <input type="checkbox"/> Yes     <input type="checkbox"/> No                 </p>
<p>11. What California High School did you attend? _____</p> <p>Year Graduated: _____ City: _____</p>	
<p>12. Have you participated in any of the following support programs?</p> <p> <input type="checkbox"/> CalWorks    <input type="checkbox"/> Upward Bound    <input type="checkbox"/> EOPS (Junior College)  <input type="checkbox"/> VocRehab    <input type="checkbox"/> Educational Talent Search    <input type="checkbox"/> Puente  <input type="checkbox"/> Other SSS/TRiO Programs (please list): _____  <input type="checkbox"/> Other (please list): _____                 </p>	

## ACADEMIC NEEDS CHECKLIST

<b>INSTRUCTIONS:</b> Carefully <u>check one box for EACH</u> of the academic needs listed below, based upon how much support you feel/think you need currently or in the future.	<b>A</b> <b>Yes!</b> I really need help with this one!	<b>B</b> <b>Definitely</b> Something I want to work on.	<b>C</b> <b>Sure</b> A little extra help never hurts.	<b>D</b> <b>No thanks</b> I do not need help with this.
Preparing for graduate school				
English as a second language				
Thinking of changing major				
Academic advising				
General Education requirements				
Major requirements				
College adjustment				
Transfer planning				
Financial aid paperwork				
Scholarship information				
Cultural/social activities				
Personal issues				
Single parenting issues				
Motivation				
Career issues / exploration / career counseling				
Goal setting				
Study / review strategies				
Time management / organizing myself				
Reading / note-taking skills				
Math skills				
Writing skills				
Tutorial services (see below)				
Study groups				
Test anxiety				
Using Internet / Horizon				
Computer lab use				
Library research skills				
Other: (Please indicate below)				
<b>TOTAL:</b>				

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

- |                                     |                                     |   |
|-------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Accounting | <input type="checkbox"/> English    | <input type="checkbox"/> WST                            |
| <input type="checkbox"/> Biology    | <input type="checkbox"/> Math       | <input type="checkbox"/> Other (please indicate): _____ |
| <input type="checkbox"/> Physics    | <input type="checkbox"/> Statistics |   |

## FINANCIAL AID BACKGROUND CHECK-UP

**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
- OTHER (PLEASE EXPLAIN): \_\_\_\_\_
- VETERAN'S BENEFITS
- CALWORKS / TANF
- ADC / AFDC

**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)
- Additional scholarships, private grants that are not included in financial aid:  
Scholarship/Grant Name: \_\_\_\_\_ Amount: \_\_\_\_\_
- Other (i.e. Parents, Pensions, etc. - Please explain): \_\_\_\_\_
- Paid Internship (10 - 20 hours)
- Work Study (10 - 20 hours)

**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: \_\_\_\_\_

Need:	\$	EFC:	\$	
Total Aid Year:	\$			
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

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## 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 (CalPS), Career Development Center (CDC) / Work Ability 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.

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## 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.

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Student's Signature

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Date

*This page is for  
EXCEL Program OFFICIAL STAFF USE ONLY*

Please return your  
**COMPLETED APPLICATION AND SUPPORTING DOCUMENTS**  
to:

**EXCEL TRiO Program  
California State University, East Bay  
25800 Carlos Bee Boulevard (LI 2450)  
Hayward, CA 94542**

Phone No.: 510-885-3722  
Fax No.: 510-885-2397

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