



2016-2017 Workplace Development/STEM Pipeline

* 1. Student Information:

Last Name

First Name

Middle Initial

Student ID #

* 2. GPA:(2 decimal places)

* 3. Name of College or University:

Azusa Pacific University

CSU, San Jose

UC, Irvine

CalTech

CSU, San Luis Obispo

UC, Los Angeles

CSU, Fresno

CSU, Sonoma

UC, Riverside

CSU, Long Beach

Pomona College

UC, San Diego

CSU, Pomona

Santa Clara University

UC, Santa Barbara

CSU, Sacramento

Stanford

UC, Santa Cruz

CSU, San Bernardino

UC, Berkeley

University of San Diego

CSU, San Diego

UC, Davis

University of Southern CA

Other (please specify)

* 4. Year in College:

****This is a sample form for viewing purposes only. You must use the Survey Monkey tool for entering data.****

5. Project Name:

* 6. Name of Faculty Advisor for This Project:

* 7. Gender:

Male

Female

* 8. Date of Birth (MM/DD/YYYY)

* 9. Ethnicity (U.S. Census Bureau):

* 10. Race (U.S. Census Bureau):

Students identifying as Hispanic or Latino may be of any race.

American Indian or Alaskan Native

Asian

Black or African American

Native Hawaiian or other Pacific Islander

White

Some other Race

Do Not Wish to Provide

* 11. Have you served in the United States Military Service?

Yes

No

* 12. U.S. Citizen:

13. Will you or your siblings be the first in your family to graduate from college?

Yes

No

14. Have you ever qualified for subsidized school lunch?

Yes

No

* 15. Do you have a disability?



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Disability Information

16. What type of disability do you have? (You may fill out multiple boxes)

- Hearing Impairment
- Mental Impairment
- Visual Impairment
- Mobility/Orthopedic Impairment
- Other (please describe below)
- Do Not Wish to Provide

Other (please specify)



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Scholarship Information, Continued

* 17. Total scholarship awarded: (If paid hourly, enter "hourly"; if scholarship amount has not been determined, enter "TBD")

Dollar Amount

Approx. Start Date
(MM/DD/YYYY)

Approx. End Date
(MM/DD/YYYY)

* 18. Field of Study:

Major(s)

Minor(s)

* 19. Contact Information:

Phone Number (XXX-
XXX-XXXX)

Alt. Number (XXX-XXX-
XXXX)

Current Email

Permanent Email

* 20. Current Address:

Street

City

State

Zip Code

* 21. Permanent Address (if same as current address, please re-enter it here):

Street

City

State

Zip Code

* 22. Congressional District for Current Address (Ex. "CA-49")

Visit <http://house.gov> to find district

* 23. Congressional District for Permanent Address (Ex. "CA-49")

Visit <http://house.gov> to find district

* 24. Highest attained degree:

25. Educational goal:

Bachelors

2nd Bachelors

Masters

2nd Masters

Ph.D.

Post Doctoral

Probable field of study for this level:

26. After completing your studies, which area do you plan to work in (can check more than one box)?

- Higher Education
- Faculty
- Administrative
- Private Industry
- Teaching (K-12)
- NASA
- Non-NASA Federal Agency
- State/Local Government
- Nonprofit Organization
- Military
- Consulting
- Undecided

Other (please specify):

* 27. I agree for my information to be released to NASA, the funding agency for this program (information will be used to assess program outcomes).

Yes

* 28. I agree to fill out brief longitudinal tracking surveys for California Space Grant reports to NASA (these are sent once or twice a year from the California Space Grant program office):

Yes

* 29. Survey Complete?

I have completed this survey and am ready to submit it to the California Space Grant Consortium