



**Stony Brook  
University**

**2021 - 2022**

**SUNY SBU Louis Stokes Alliance for Minority Participation  
SUNY SBU LSAMP Freshman Application**

SUNY SBU LSAMP is funded to increase the number of underrepresented students who pursue careers in science, technology, engineering and mathematics. Applicants must be either citizens or eligible non-citizens of the United States. The LSAMP program is especially interested in high-achieving students who intend to pursue careers and graduate studies in science, technology, engineering and mathematics. ***The SUNY SBU LSAMP program is not funded to support students planning to pursue a career in medicine, nursing, or allied health sciences.*** All application information will be held in strictest confidence.

**STUDENT INFORMATION:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_  
 Stony Brook ID #: \_\_\_\_\_ Last Four Digits of Soc Security #: \_\_\_\_\_  
 Intended Major: \_\_\_\_\_ Intended Career: \_\_\_\_\_  
 Gender (Optional): \_\_\_\_\_  
 Citizenship/Residency (check one):       U.S. Citizen       U.S. Permanent Resident  
 Phone Number:    (    ) - \_\_\_\_\_ E-mail \_\_\_\_\_

**ALL APPLICATIONS, PLEASE INDICATE YOUR ETHNICITY (SELECT ONE OR MORE):**

American Indian or Alaska Native       Asian       Black or African American  
 Native Hawaiian or Other Pacific Islander       White  
 Other – Please specify: \_\_\_\_\_

Are you Hispanic/Latino?       Yes       No  
 If Hispanic/Latino, is your background       Central American       Dominican  
 (select one)       South American       Other Hispanic/Latino

**SBU LSAMP FRESHMAN APPLICATION REQUIREMENTS:**

- 1) Applicants must complete and submit their general application for admission to Stony Brook University, along with all required academic records no later than **February 15, 2021**. The letter(s) of recommendation submitted with your application for admission will be considered in the LSAMP selection process.
- 2) On a separate piece of paper, submit a typed essay of 400-500 words describing your career goals and what you hope to accomplish during your time at Stony Brook University.
- 3) The information I am submitting in this application is true to the best of my knowledge. I understand that if any information is found to be false, I will be ineligible for acceptance into the LSAMP program.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**FAX THIS APPLICATION AND YOUR ESSAY TO:  
(631) 632-9525**

**OR MAIL TO:  
Office of Financial Aid & Scholarship Services  
Stony Brook Union, Suite 208  
Stony Brook, NY 11794-3252**