



## **ASPIRE Program Application Collaboration & Outreach**

### **APPLICATION CHECK LIST**

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

Classification:    Current Master's Student                      Incoming Master's Student

Qualifications Checklist

Completed Program Application

Personal Statement

Two Letters of Recommendation

Unofficial copy of transcript(s)



## **ASPIRE Program Application Collaboration & Outreach**

The ASPIRE Program was designed to promote and nurture a culture of excellence in learning, and research, and provide an opportunity for professional development within graduate education supporting students including but not limited to first generation and low income.

During the academic year selected, the program provides students intensive training consisting of professional development, academic success sessions, and mentoring experiences that strengthen the graduate school experience and facilitate a smooth adjustment to the rigors of graduate education.

To apply, please complete and submit your application to The Chief Experience Office in the Bobby K. Marks Admin Building, email it, or mail it to the address listed below.

Submit to:

Ryia Steps, *Specialist IV*  
**Bobby K. Marks Admin Building Suite 115**  
**aspire@shsu.edu**  
**936.294.2681**

Mailing Address:  
**Chief Experience Office**  
**Sam Houston State University**  
**1806 Avenue J Suite 115**  
**Huntsville, TX 77340**  
**936.294.3400**

**DEADLINE FOR SUBMISSION OF APPLICATIONS FOR SPRING 2025:  
MONDAY, NOVEMBER 11**



## **ASPIRE Program Application Collaboration & Outreach**

### **QUALIFICATIONS CHECKLIST**

**Those interested must meet the following qualifications for consideration:**

- United States citizen or permanent resident.
- Hold a 3.00 minimum grade point average.
- Have been accepted into a master's program at SHSU or are currently enrolled in a master's at SHSU.

I certify that I meet the qualifications stated above and I further grant ASPIRE program staff permission to access any of my educational records.

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**NAME**

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**SIGNATURE**

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**DATE**



# ASPIRE Program Application Collaboration & Outreach

## PROGRAM APPLICATION

NAME:

SAM ID:

LOCAL ADDRESS:

CITY, STATE, ZIP:

LOCAL PHONE:

CELL PHONE:

PERMANENT ADDRESS:

CITY, STATE, ZIP:

HOME PHONE:

SHSU EMAIL:

PERSONAL EMAIL:

DEGREE PROGRAM: \_\_\_\_\_

CONCENTRATION/TRACK: \_\_\_\_\_

CLASSIFICATION:

DATE DEGREE EXPECTED: \_\_\_\_\_

- Current Master's Student
- Incoming Master's Student

OVERALL GPA: \_\_\_\_\_

Are you returning to college after a 5+ year gap in your education?  Yes  No

GENDER:  Male  Female  Prefer not to say

DATE OF BIRTH:

CITIZENSHIP: U.S. Citizen Permanent Resident Other

### WHAT IS THE HIGHEST LEVEL OF EDUCATION ATTAINED BY:

MOTHER:  Elementary  High School/GED  Two-year degree  Bachelor's Degree  
 Graduate/Professional Degree

FATHER:  Elementary  High School/GED  Two-year degree  Bachelor's Degree  
 Graduate/Professional Degree



## **ASPIRE Program Application Collaboration & Outreach**

### **HOW DID YOU HEAR ABOUT THE ASPIRE PROGRAM?**

- Collaboration and Outreach Website
- The Graduate and Professional School
- Social Media Platforms: Facebook, Instagram, Twitter
- Department Ads
- Flyer
- Referral (List referral: \_\_\_\_\_)
- Other (Explain: \_\_\_\_\_)

### **PERSONAL STATEMENT**

On a separate sheet, please answer both writing prompts in 500-750 words. You may attach your typed statement to the application.

1. What motivates you when faced with a difficult situation?
2. What are your career and professional goals and how will a graduate degree help you achieve them?

### **LETTERS OF RECOMMENDATION**

To help program staff evaluate your application, you are required to submit two letters of recommendation from your graduate program advisor, a teacher/professor, or someone from your community. Please do not submit a letter of recommendation from a relative or another student. The letter of recommendation should address your potential to succeed at the university graduate student level.



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## Consent to Release & Services Contract

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### I agree to meet the following criteria while in the ASPIRE Program:

- I agree to maintain contact with ASPIRE Program staff throughout the year.
- I agree to utilize all the services that ASPIRE Program provides.
- I agree to inform ASPIRE Program staff about any changes in my legal name, address, phone number, email address, and/or other identifiable information.

### I agree to the following borrowing policy:

- I promise that I will not attempt to sell or dispose of ASPIRE property and that I will return all property to the Chief Experience Office by the last day of the semester. By signing this contract, I accept full responsibility for the return of all borrowed property upon the completion of final exams and give CXO the necessary authority to take punitive action against me to recover these and other borrowed items.

I understand and agree to each of the above privileges and responsibilities.

By signing, I certify that I have read and understand all the information on this page. I can give such consent and do so voluntarily.

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Student Name

Sam ID #

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Student Signature

Date

### ASPIRE Program Requirements

**Attend sanctioned program workshops (schedule provided)**

**Complete and present at the Three-Minute Thesis (3MT) competition**

**Complete Career Portfolio**

**Engage in research and attend regular meetings, as designated by ASPIRE Program staff**