



# McNair Scholars Program Application

Funding for the McNair Scholars Program is provided through a grant from the U.S. Department of Education.

## Personal Information:

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<b>First Name</b>	<b>Middle</b>	<b>Last Name</b>
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**Date of Birth:** (MM/DD/YYYY) \_\_\_\_/\_\_\_\_/\_\_\_\_ **Pronouns:** \_\_\_\_\_

**CWU SID Number:** \_\_\_\_\_ **CWU Email:** \_\_\_\_\_

**Phone:** (123) 555-1234 \_\_\_\_\_ **Secondary Contact Info:** \_\_\_\_\_

**Local Postal Address:** (Street, Apt #) \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Permanent Address:** (If different from above) (Street, Apt #) \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_ **Phone:** (123) 555-1234 \_\_\_\_\_

**Relationship to applicant:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Eligibility:** Federal law requires McNair Scholars be first-generation college students who meet certain income requirements, AND/OR are a member of a group underrepresented in post-baccalaureate education.

### Are you a First Generation college student?

**YES** (neither parent has a bachelor's degree)  **NO** (at least one parent has a bachelor's degree)

**Father's or Legal Guardian's Full Name:** \_\_\_\_\_

**Father's or Legal Guardian's Highest Educations Level Completed:** \_\_\_\_\_

**Father's or Legal Guardian's Phone:** (123) 555-1234 \_\_\_\_\_

**Mother's or Legal Guardian's Full Name:** \_\_\_\_\_

**Mother's or Legal Guardian's Highest Educations Level Completed:** \_\_\_\_\_

**Mother's or Legal Guardian's Phone:** (123) 555-1234 \_\_\_\_\_

**Are you considered a Low-Income student?** (See federal guidelines to determine)  **YES**  **NO**  **Uncertain**

If yes, please fill out the following information. If no, you may skip to the next question. If uncertain, please skip to the "Uncertain" section below.

### Federal TRiO Programs Current Year Low-Income Levels:

For family units with more than eight members, add the following amount for each additional family member: \$7,710 for the 48 contiguous states, the District of Columbia and outlying jurisdictions; \$9,645 for Alaska; and \$8,865 for Hawaii.

**For Office Use Only:**

Admittance Date \_\_\_\_\_ Interview Score Sheets \_\_\_\_\_ Letter of Acceptance \_\_\_\_\_ Recommender \_\_\_\_\_  
 Transcripts \_\_\_\_\_ Personal Essay \_\_\_\_\_ FAFSA \_\_\_\_\_ or Tax Rtn \_\_\_\_\_ Rec#1 \_\_\_\_\_ Rec#2 \_\_\_\_\_ Scholar Agreement: \_\_\_\_\_  
 Mentor Agreement: \_\_\_\_\_ GRE Pre-Test Score: \_\_\_\_\_ GRE test Score: \_\_\_\_\_ Acceptance Letter into Grad School: \_\_\_\_\_

The term "low-income individual" means an individual whose family's taxable income for the preceding year did not exceed 150 percent of the poverty level amount.

### Federal TRIO Program Current-Year Low-Income Levels

(Effective Jan. 19, 2023 until further notice)

Size of Family Unit	48 Contiguous States, D.C. & Outlying Jurisdictions	Alaska	Hawaii
1	\$21,870	\$27,315	\$25,155
2	\$29,580	\$36,960	\$34,020
3	\$37,290	\$46,605	\$42,885
4	\$45,000	\$56,250	\$51,750
5	\$52,710	\$65,895	\$60,615
6	\$60,420	\$75,540	\$69,480
7	\$68,130	\$85,185	\$78,345
8	\$75,840	\$95,830	\$87,210

The figures shown under family income represent amounts equal to 150 percent of the family income levels established by the Census Bureau for determining poverty status. The poverty guidelines were published by the U.S. Department of Health and Human Services in the Federal Register on January 19, 2023 and are effective as of January 19, 2023.

#### Are you a dependent or independent student based on your FAFSA report?

- Dependent:** Parent(s) or guardian(s) claim you on their tax forms and parents' income is included on your FAFSA
- Independent:** Parent(s) or guardian(s) do not claim you on their tax forms and parent income is not included on your FAFSA.

#### Did you (and/or your parents if dependent) file taxes with the IRS last year?

- I/We did file       I/We did not file

**Taxable Income from last year:** (IRS form 1040 line 43) \$ \_\_\_\_\_

**Number of persons living in your family household:** \_\_\_\_\_

#### Proof of Income:

Attach proof of income (most recent IRS form **1040** or most recent completed **FAFSA SAR-Student Aid Report**), which you can request from the financial aid office or at [fafsa.edu.gov](https://fafsa.edu.gov).

**IMPORTANT:** Before submitting any financial documents make sure all sensitive information (social security numbers) has been redacted.

#### Uncertain:

Do you qualify for Financial Aid, such as Pell Grant?     **YES**     **NO**

#### FAFSA – Student Aid Report:

Please attach your most recent completed FAFSA SAR (Student Aid Report) can be requested from the financial aid office or at [fafsa.edu.gov](https://fafsa.edu.gov).

**What is your current major GPA?** (Minimum GPA of 3.1) \_\_\_\_\_

**What is your current CWU/transfer cumulative GPA?** (Minimum GPA of 2.9) \_\_\_\_\_

**What is your racial background?** (Check all that apply)

- American Indian or Native Alaskan
- Asian
- Black or African American
- Hispanic or LatinX
- Native Hawaiian or other Pacific Islander
- White
- Other: \_\_\_\_\_

**What is your current Resident Status?** (You must be a U.S. citizen or permanent resident)

- U.S. Citizen
- U.S. Permanent Resident
- Neither

**Secondary Education:**

**First Quarter and Year enrolled at CWU:** \_\_\_\_\_

**Current or Intended Major(s):** (must declare a major to participate in the McNair program)

\_\_\_\_\_

**Minor(s):** (optional) \_\_\_\_\_

**Expected Graduation Term:** (Quarter, Year from CWU) \_\_\_\_\_

**Number of Credit Hours earned:** (as of current application date) \_\_\_\_\_

**Since High School, have you attended colleges or universities other than CWU?**  Yes  No

If no, you may skip to the next question.

If yes, please list the institution(s), and date(s) of attendance:

\_\_\_\_\_  
\_\_\_\_\_

**Non-CWU Transcripts:**

You are not required to attach a non-CWU transcript at this time, but if you have one available you may attach it here. We will try to obtain them through CWU, but if unavailable we reserve the right to request non-CWU transcripts if necessary for the application process.

**Do you have a degree beyond high school?**

- None
- Associate's
- Bachelor's
- Master's or higher
- Other: \_\_\_\_\_

**Highest degree you plan to pursue:** (check all that apply) (Note: McNair eligibility requires a stated goal of earning a PhD).

- Bachelor's: BA, BS, etc.
- Master's: MA, MBA, MS, etc.
- Professional Doctorate: DDS, JD, MD, etc.
- Doctorate: EdD, PhD, etc.
- Combined PhD and Doctorate: MD-PhD, JD-PhD
- Other: \_\_\_\_\_

Other TRiO Program Participation: (check all that apply)

- None
- Educational Opportunity Centers (EOC)
- Student Support Services (SSS)
- Talent Search
- Upward Bound
- Other: \_\_\_\_\_

**Personal Statement:**

Attach your personal statement that answers the following questions:

- 1.) Why do you want to pursue a Ph.D.;
- 2.) What are your short- and long-term goals;
- 3.) How can the McNair Scholars Program assist you in attaining those goals;
- 4.) What specific research area would interest you the most and discuss a possible research topic and mentor/professor with whom you would like to work with; and
- 5.) Describe a personal example that shows your persistence and commitment to academic endeavors.

**References:**

Please provide information on faculty members you have asked to write your letters of recommendation. The recommenders should be people familiar with your academic progress and goals. AT LEAST ONE recommender must CWU faculty in your major. Recommenders should complete the attached recommendation form and submit a signed copy to the McNair Program Office (L&L 103 at Mail Stop 7516) or email a scanned copy to [mcnair@cwu.edu](mailto:mcnair@cwu.edu).

**Reference 1: (CWU Faculty Member)**

Full Name: \_\_\_\_\_  
Email: \_\_\_\_\_  
Institution: (CWU) \_\_\_\_\_  
Department: \_\_\_\_\_  
Role: \_\_\_\_\_

**Reference 2:**

Full Name: \_\_\_\_\_  
Email: \_\_\_\_\_  
Institution: \_\_\_\_\_  
Department: \_\_\_\_\_  
Role: \_\_\_\_\_

**FERPA**

Under the Family Educational Rights and Privacy Act of 1974 (Buckley Amendment) you have a right to view these recommendations in your file at Central Washington University.

- I waive my right to view these recommendations.
- I retain my right to view these recommendations.

**Photo Release Information**

We will respect a student's right to FERPA protection as it relates to photographs and/or video taken during their time as a McNair Scholar for use in McNair-related communications and publications. Please contact the McNair office if you have any questions or concerns about this matter. If circumstances change during your time as a McNair scholar, you are responsible for notifying the McNair office as soon as possible.

I hereby grant permission to CWU McNair Scholars Program to use photographs and/or video of me taken during my time as a McNair Scholar in publications, news releases, online, and in other communications related to the mission of the McNair Scholars Program at Central Washington University.

I do NOT grant permission to CWU McNair Scholars Program to use photographs and/or video of me taken during my time as a McNair Scholar in publications, news releases, online, and in other communications related to the mission of the McNair Scholars Program at Central Washington University.

### Program Referral

How did you learn about our program? (Check all that apply)

Faculty  
Name: \_\_\_\_\_

McNair or TRIO Staff  
Name: \_\_\_\_\_

McNair Scholar  
Name: \_\_\_\_\_

Fellow Student  
Name: \_\_\_\_\_

Classroom Visit  
Name: \_\_\_\_\_

Other: \_\_\_\_\_

### Acknowledgement and Verification Confirmation

My signature below indicates that, to the best of my knowledge, the information given on this application is true, complete and accurate. To become a McNair Scholar, the federal government requires access to my student records. I, therefore, authorize the McNair Scholars Program to have access to my transcripts, enrollment documents, and financial aid information, with the understanding that this information will be kept confidential.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_