



McNair Scholars Program Application

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



[Online application link](#)

QR code to online application

PERSONAL INFORMATION

First Name _____ **Middle** _____ **Last Name** _____
Date of Birth: (MM/DD/YYYY) ____/____/____ **Pronouns:** _____
CWU SID Number: _____ **CWU Email:** _____
Phone: (123) 555-1234 _____ **Secondary email address:** _____
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.

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: _____

Federal TRiO Programs Current Year Low-Income Levels

Federal TRiO Programs Current-Year Low-Income Levels

(Effective **January 15, 2025** until further notice)

Size of Family Unit	48 Contiguous States, D.C., and Outlying Jurisdictions	Alaska	Hawaii
1	\$23,475	\$29,325	\$26,985
2	\$31,725	\$39,645	\$36,480
3	\$39,975	\$49,965	\$45,975
4	\$48,225	\$60,285	\$55,470
5	\$56,475	\$70,605	\$64,965
6	\$64,725	\$80,925	\$74,460
7	\$72,975	\$91,245	\$83,955
8	\$81,225	\$101,565	\$93,450
Each Additional Family Member	\$5,500	\$6,880	\$6,330

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.

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 2025 poverty guidelines are in effect as of January 15, 2025. Federal Register notice was published January 17, 2025.

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.

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.

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)

- | | |
|--|--|
| <input type="checkbox"/> American Indian or Native Alaskan | <input type="checkbox"/> Native Hawaiian or other Pacific Islander |
| <input type="checkbox"/> Asian | <input type="checkbox"/> White |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Hispanic or LatinX | _____ |

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?

- | | |
|--------------------------------------|---|
| <input type="checkbox"/> None | <input type="checkbox"/> Master's or higher |
| <input type="checkbox"/> Associate's | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Bachelor's | _____ |

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

- | | |
|--|---|
| <input type="checkbox"/> Bachelor's: BA, BS, etc. | <input type="checkbox"/> Doctorate: EdD, PhD, etc. |
| <input type="checkbox"/> Master's: MA, MBA, MS, etc. | <input type="checkbox"/> Combined PhD and Doctorate: MD-PhD, JD-PhD |
| <input type="checkbox"/> Professional Doctorate: DDS, JD, MD, etc. | <input type="checkbox"/> 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 (Hebeler 108 at Mail Stop 7516) or email a scanned copy to mcnair@cwu.edu

Reference 1 (CWU Faculty Member)

Full Name: _____
 Email: _____
 Institution: (CWU) _____
 Department: _____
 Role: _____

Reference 2 (CWU faculty or advisor or supervisor)

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: ____ \ ____ \ ____

Recommendation Form

Applicant Information:

 Last Name First Name MI

Recommending Professor Information:

 Last Name First Name MI Department Tele. #

Dear Professor,

Please complete this recommendation form and return it in a sealed envelope to the McNair office in Hebel 108, MS 7516 (or scan and email to mcnair@cwu.edu). We would appreciate your careful assessment of the applicant's abilities.

Summary Evaluation:

	Top 5%	Above Average	Average	Below Average	Unable to Judge
Academic performance					
Potential for success in graduate school					
Ability to work with others					
Willingness to work hard					

Narrative Evaluation:

Please attach a detailed statement describing your assessment of the applicant in the following domains:

1. How well do you know the applicant?
2. What are some personal characteristics that you think will help and/or hinder the applicant's progress in mentored research?
3. What are the applicant's academic strengths and weaknesses?
4. How well does the applicant work with other people?
5. Would you consider serving as a mentor for this student?
6. Would you recommend the applicant for graduate school?

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