



McNair Scholars Program Applicant

 FIRST MIDDLE LAST
 Student ID: _____ Phone: _____ Email: _____

Part I. 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. Additionally, you must be a US Citizen or Permanent Resident to qualify.

First-Generation YES _____ NO _____ (Neither parent has a bachelor's degree)

Low-Income YES _____ NO _____ (See federal guidelines to determine, page 4)

Taxable income from last year (IRS form 1040 line 43):

\$ _____

Attach proof of income (most recent IRS Form 1040).

Race (check all that apply)

- Hispanic or Latino
- Black or African American
- Asian
- Native Hawaiian or other Pacific Islander
- American Indian or Native Alaskan
- Other

GPA: Major: _____ CWU/Transfer Cumulative: _____

Major: _____ Expected Graduation

Number of Credit Hours Earned

Residence Status (You must be a US citizen, or a permanent resident)

- U.S. Citizen
- U.S. Permanent Resident
- Neither (you do not qualify)

Date of birth: _____

How did you hear of the program? _____

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, justify authorize the McNair Scholar Program to have access to my transcripts, justify enrollment documents and financial aid information, with the understanding that this information will be kept confidential.

Signature: _____ Date: _____

For Office Use Only:	
Admittance Date _____	Interview Score Sheets _____ Letter of Acceptance _____
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: _____

Part II. Contact Information

CWU Email _____ Preferred Email _____

Cell Phone _____ Other Contact Info _____

Local Postal Address:

Street _____ Apt. # _____

City _____ State _____ ZIP _____

Permanent Address:

Street _____ Apt. # _____

City _____ State _____ ZIP _____

Part III. Parent and Income Information

Father's Full Name _____

Father's Phone # _____

Father's Highest Education Level Completed _____

Mother's Full Name _____

Mother's Phone # _____

Mother's Highest Education Level Completed _____

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

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

Number of persons living in your family household: _____

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

I/we did file (enter income below). I/we did not file.

Part IV. Higher Education Information

First quarter and year enrolled at CWU: _____

Since high school, have you attended colleges or universities other than CWU?

- Yes
- No

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

1. _____

2. _____

Do you have a degree beyond high school (choose all that apply)?

- None
- Associate's
- Bachelor's
- Master's or other

Highest degree you plan to pursue: _____

_____ Other Degree (JD, MD, DDS, etc.): _____

Other TRiO program participation - please indicate below (choose all that apply):

- Talent Search
- Upward Bound
- Student Support Services (SSS)
- Educational Opportunity Centers (EOC)

Part V. References: [\(Note: We require at least one from a CWU faculty.\)](#)

Please provide the names, email addresses and phone numbers of the faculty members you have asked to write your letters of recommendation. The recommenders should be people familiar with your academic progress and goals. –They should be ideally, but not necessarily CWU faculty. They will need to fill out the Recommendation Form included with this application and submit signed copies to the McNair Scholars Office (L&L 103 A) at Mail Stop 7516.

Recommenders: Name: _____ Email: _____

Name: _____ Email: _____

Personal Statement

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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 career 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; 5.) And describe a personal example that shows your persistence and commitment to academic endeavors.

Non-CWU Transcripts

We will access and review your CWU Academic Report(s) as part of your application review. However, if you have attended any other colleges or universities, and/or you are a transfer student applying to enroll for your first term at CWU, you must provide an unofficial copy of your non-CWU transcripts (Hint: check your Transfer Credit Report in myCWU. If all previous courses transferred, provide a copy of your TCR instead).

Federal TRiO Programs Current Year Low-Income Levels:

(Effective **January 18, 2019** until further notice)

Size of Family Unit	48 Contiguous States, D.C., and Outlying Jurisdictions	Alaska	Hawaii
1	\$18,210	\$22,770	\$20,940
2	\$24,690	\$30,870	\$28,395
3	\$31,170	\$38,970	\$35,850
4	\$37,650	\$47,070	\$43,305
5	\$44,130	\$55,170	\$50,760
6	\$50,610	\$63,270	\$58,215
7	\$57,090	\$71,370	\$65,670
8	\$63,570	\$79,470	\$73,125

For family units with more than eight members, add the following amount for each additional family member: \$6,480 for the 48 contiguous states, the District of Columbia and outlying jurisdictions; \$8,100 for Alaska; and \$7,455 for Hawaii.

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 poverty guidelines were published by the U.S. Department of Health and Human Services in the [Federal Register](#) on January 18, 2019.

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 L&L 103A, MS 7516 (or scan and e-mail 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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