

McNair Scholars Program Application

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

Personal Information:

For Office Use Only:

Admittance Date____Interview Score Sheets__ Transcripts ____Personal Essay____FAFSA__

Mentor Agreement:_____ GRE Pre-Test Score: ___

Interview Score Sheets

Name	Middle	Last	
Date of Birth: (MM/DD/YYYY)/			☐ Prefer not to disclos
CWU SID Number:	CWU Email:		
Phone: (123) 555-1234	Secondary Cont	act Info:	
Local Postal Address: (Street, Apt #)		·····	
City:			
Permanent Address: (If different from above	ve) (Street, Apt #)		
City:	State:	Zip Code:	
Emergency Contact:		Phone: (123) 55	5-1234
Relationship to applicant:		Email:	
\square Yes (neither parent has a bachelor's degree) \square NO (at least one parent h		
Yes (neither parent has a bachelor's degree Father's or Legal Guardian's Full Father's or Legal Guardian's High	No (at least one parent hand) Name: est Educations Level C	ompleted:	
Yes (neither parent has a bachelor's degree Father's or Legal Guardian's Full Father's or Legal Guardian's High Father's or Legal Guardian's Phor	No (at least one parent has Name:	ompleted:	
Yes (neither parent has a bachelor's degree Father's or Legal Guardian's Full Father's or Legal Guardian's High Father's or Legal Guardian's Phor Mother's or Legal Guardian's Full	No (at least one parent his Name:	ompleted:	
Yes (neither parent has a bachelor's degree Father's or Legal Guardian's Full Father's or Legal Guardian's High Father's or Legal Guardian's Phor Mother's or Legal Guardian's Full Mother's or Legal Guardian's Hig	No (at least one parent his Name:	ompleted:	
Father's or Legal Guardian's Full Father's or Legal Guardian's High Father's or Legal Guardian's Phor Mother's or Legal Guardian's Full	No (at least one parent has Name: Name: Nest Educations Level Cone: (123) 555-1234 Name: hest Educations Level One: (123) 555-1234 tudent? (See federal guideling	ompleted: Completed:	□ No □ Uncertain

Letter of Acceptance_

or Tax Rtn ____Rec#1__

__ GRE test Score:____

Rec#2 Scholar Agreement:

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.

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 2021 poverty guidelines are in effect as of January 13, 2021. Federal Register notice was published February 1, 2021.

(Effective January 13, 2021 until further notice)

☐ Asian

Size of Family Unit	48 Contiguous States, D.C., and Outlying Jurisdictions	Alaska	Hawaii
1	\$19,320	\$24,135	\$22,230
2	\$26,130	\$32,655	\$30,060
3	\$32,940	\$41,175	\$37,890
4	\$39,750	\$49,695	\$45,720
5	\$46,560	\$58,215	\$53,550
6	\$53,370	\$66,735	\$61,380
7	\$60,180	\$75,255	\$69,210
8	\$66,990	\$83,775	\$77,040

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 pon your FAFSA Independent: Parent(s) or guardian(s) do not claim you on their tax for included on your FAFSA.	parents' income is included
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 you can request from the financial aid office or at fafsa.edu.gov. IMPORTANT: Before submitting any financial documents make sure all sensitive information has been redacted.	
Uncertain:	
Do you qualify for Financial Aid, such as Pell Grant? \Box Yes \Box No	
FAFSA — Student Aid Report: Please attach your most recent completed FAFSA SAR (Student Aid Report) can be re office or at fafsa.edu.gov.	quested from the financial aid
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	

□ 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 p ☐ U.S. Citizen ☐ U.S. Permanent Resident ☐ Neither	ermanent resident)	
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 universition of no, you may skip to the next question.	es other than CWU?	Yes □ No
If yes, please list the institution(s), and date(s) of attended	ance:	
Non-CWU Transcripts: You are not required to attach a non-CWU transcript at this time, will try to obtain them through CWU, but if unavailable we reserv for the application process.		
Do you have a degree beyond high school?		
□ None		
☐ Associate's		
□ Bachelor's□ Master's or higher		
☐ 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 the following information 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. A LEAST ONE recommender must be a CWU faculty member in your major. Each recommender should complete one of the Recommendation forms and submit a signed copy to the McNair Program Office (L&L 103 at Mail Stop 7516) or email to 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 Amendm view these recommendations in your file at Central Washington University.	ent) you have a right to
☐ 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 photograph during their time as a McNair Scholar for use in McNair-related communication. Please contact the McNair office if you have any questions or concerns about a circumstances change during your time as a McNair scholar, you are responsible McNair office as soon as possible. □ I hereby grant permission to CWU McNair Scholars Program to use photograph.	ns and publications. this matter. If le for notifying the
me taken during my time as a McNair Scholar in publications, news releases communications related to the mission of the McNair Scholars Program at C University.	s, online, and in other
☐ I do NOT grant permission to CWU McNair Scholars Program to use photome taken during my time as a McNair Scholar in publications, news releases communications related to the mission of the McNair Scholars Program at CUniversity.	s, online, and in other
Program Referral	
How did you learn about our program? (Check all that apply)	
☐ Faculty	
Name:	
☐ McNair Staff	
Name:	
☐ TRiO Staff	
Name:	
☐ McNair Scholar	
Name:	

☐ Fellow Student

☐ Classroom Visit

Name: _____

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 P	rofessor 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?