



# MCNAIR SCHOLARS PROGRAM



## McNair Scholars Application

### Application Information

Please read application thoroughly and answer all questions fully. **Incomplete applications cannot be processed.** Application should be typed or neatly printed in ink. Statement of Confidentiality: The information contained in this application is for the purpose of determining the applicant's eligibility for the McNair Scholars Program. All information received is confidential.

### Part I: Applicant Information

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First Middle Initial*

Local Address: \_\_\_\_\_  
*Street City, ST Zip*

Permanent Address: \_\_\_\_\_  
*Street City, ST Zip*

Telephone #: \_\_\_\_\_  
*Local Emergency (with area code)*

Cell Phone# \_\_\_\_\_

Email Address: \_\_\_\_\_ School Email: \_\_\_\_\_

Student A# \_\_\_\_\_ SS# \_\_\_\_\_

Gender:  Female  Male Date of Birth \_\_\_\_\_

**What is your race/ethnicity?** (Please check all boxes that describe you.)

- Hispanic/Latina/o  White Non-Hispanic  African American/Black
- Asian  Native American/Alaskan  Native Pacific Islander (Native Hawaiian, Guamanian, or Samoan)
- Other Please specify: \_\_\_\_\_

### Part II: Educational Information

What is the name of the college you currently attend? \_\_\_\_\_

Current class standing (check one):  Sophomore  Junior  Senior  Other (specify): \_\_\_\_\_

Expected class standing by fall:  Sophomore  Junior  Senior  Other (specify): \_\_\_\_\_

Major: \_\_\_\_\_ Minor: \_\_\_\_\_ Department: \_\_\_\_\_

Major GPA: \_\_\_\_\_ Cumulative GPA: \_\_\_\_\_ Expected Graduation Date: \_\_\_\_\_

Academic Advisor: \_\_\_\_\_

Do you plan to apply to graduate school?  Yes  No

If YES, when you anticipate attending?  Fall 20\_\_  Spring 20\_\_  Summer 20\_\_

What graduate institution(s) and program(s) particularly interest you?

(1)

(2)

(3)

Institution: \_\_\_\_\_

Program: \_\_\_\_\_

Prior TRIO program experience:  Upward Bound  Gear Up  Talent Search  EOC  SSS

Other (specify): \_\_\_\_\_

### Part III: Eligibility Information

Are you a U.S. Citizen?  YES  NO (If YES, skip the next question.)

If you are not a U.S. Citizen, please answer the following questions about yourself.

Are you a Permanent Resident?  YES  NO

What is your Permanent Resident Alien Number? Permanent Resident #A \_\_\_\_\_

#### Part III A: Please answer the following questions about yourself.

- a. Are you married?  YES  NO
- b. Do you have children or other dependents (other than a spouse) who receive more than half of their support from you?  YES  NO
- c. At any time since reaching 13 years of age, were you an orphan, in foster care, or a ward of the court?  YES  NO
- d. Prior to reaching 18 years of age, were you an emancipated minor or did you have a court-appointed legal guardian?  YES  NO
- e. Are you serving on active duty (for other than training purposes) in the U.S. Armed Forces?  YES  NO
- f. Are you a U.S. Armed Forces veteran who was on active duty & was released under a condition other than dishonorable?  YES  NO
- g. Are you in college and working on a master's (e.g., M.A., M.S.), professional (e.g., M.D., J.D.), or doctoral degree?  YES  NO
- h. Are you less than 18 years of age and have no parent or guardian?  YES  NO
- i. Are you homeless (i.e., you lack a fixed, regular, & adequate nighttime residence) or are at risk of becoming homeless?  YES  NO

You must answer the following questions about yourself if you are at least 24 years old or you answered YES to any question in **Part III A**.

Your parent(s) must answer the following questions about themselves if you are less than 24 years old and you answered NO to all questions in **Part III A**.

- a. What is the total number of persons (including you) in your family? \_\_\_\_\_

(Please check below only one box. Then, provide the requested income information.)

My family's **taxable (not total) income** from the last calendar year? \$\_\_\_\_\_

Note: Taxable income can be found on the federal income tax return.

On IRS Form 1040 (2016), see line 43.

On IRS Form 1040A (2016), see line 27.

On IRS Form 1040EZ (2016), see line 6.

My family did not file a federal income tax return for the last calendar year. My family's total income from the last calendar year was: \$\_\_\_\_\_

My family had no taxable income during the last calendar year.

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Please answer the following questions about your parents and about yourself:

Has your mother received/earned a 4-year college degree?       Yes       No

Has your father received/earned a 4-year college degree?       Yes       No

Which parent did you regularly reside with and receive support from, during your childhood (i.e., until you were 18 years old)?       Mother       Both Mother & Father  
 Father       Neither Mother or Father

#### Part IV: Personal Statement

Use a separate sheet of paper (no more than 1000 words total) to answer the following questions. The statement should be typed.

- Tell us about your background, favorite subjects, and what excited you most about studying at TAMUCC.
- What motivated you to pursue a college education and how important is it to your family?
- Why do you want to be a participant in the TAMUCC McNair Scholars Program and how do you feel the program will be able to assist you in the reaching your career, academic and graduate school goals?
- List extracurricular activities and memberships in academic or community organizations.

#### Part V: Recommendation Information

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- Using the recommendation forms included in the application package, provide two letters of recommendation assessing your motivation and preparation to undertake graduate study. The letters **must** be from a faculty member, preferably in your academic major. If you are a former participant in any of the TRIO programs listed on Page 2, one recommendation of the two letters can come from the director, counselor, or advisor of the program in which you participated.

#### Part VI: Certification and Permissions

Please read the following statement and then sign and date below it. If you (the student) are less than 24 years old and answered NO to all the questions in Part III A, your parent or legal guardian must also read the following statement and then sign and date below it.

Revised: 7/12/2017

By signing this application, I attest that all the information on this application is true. Moreover, I hereby certify, to the best of my knowledge, that all the information submitted is complete. I understand that failure to disclose accurate information is grounds for dismissal from the program. You have my permission to give my name, address, transcript, and the information in this application to other educational institutions or organizations that may be interested in providing me with educational or financial opportunities. I also hereby give permission to the Texas A&M University-Corpus Christi, McNair Scholars Program to obtain any and all academic information including college transcripts, acceptance, and financial aid records. I give permission for program staff members to request similar information from this and future institutions to discern the student's educational progress, evaluate the effectiveness of program activities, and fulfill program-reporting requirements.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Student's Parent or Legal Guardian (If required):

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

I allow the use of my photograph and other program participation information on the McNair Scholars Program website and other educational publications.  Yes  No

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Application Package Checklist:**

- I have:
- Completed, signed and dated application
  - Personal statement addressing future academic goals
  - Individual Needs Assessment
  - Two faculty recommendations submitted in sealed envelopes

**FOR OFFICE USE ONLY**

The 20\_\_ federal TRIO programs annual low-income level for a family unit with \_\_\_\_\_ members is: \$ \_\_\_\_\_

Recommended Approval  
 Not Recommended  
Reason: \_\_\_\_\_

Recommended Approval  
 Not Recommended  
Reason: \_\_\_\_\_

Approved  
 Denied  
Reason: \_\_\_\_\_

\_\_\_\_\_  
Program Manager (Print Name)

\_\_\_\_\_  
Executive Director (Print Name)

\_\_\_\_\_  
P.I. or P.I. Designee (Print Name)

\_\_\_\_\_  
Program Manager Signature & Date

\_\_\_\_\_  
Executive Director Signature & Date

\_\_\_\_\_  
P.I. or P.I. Designee Signature/Date

Date Application Entry into Database \_\_\_\_\_ Initials of Data entry Staff \_\_\_\_\_

Student will begin receiving services in: Fall 20\_\_ Spring 20\_\_ Summer 20\_\_

Eligibility:  LI & FG  LI Only  FG Only  Underrepresented  Underrepresented Only