

II. Family Information

Father's Name: _____

Last First Middle

Highest Grade Completed: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16
 (Please circle)

College Degree Earned: Bachelor's Master's Doctorate None
 (Check all that apply)

Mother's Name: _____

Last First Middle

Highest Grade Completed: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16
 (Please circle)

College Degree Earned: Bachelor's Master's Doctorate None
 (Check all that apply)

Legal Guardian's Name: _____

Last First Middle

Highest Grade Completed: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16
 (Please circle)

College Degree Earned: Bachelor's Master's Doctorate None
 (Check all that apply)

III. Financial Information

Have you completed a Free Application for Student Aid (FASFA) for the current school year? Yes No

With regard to financial aid, do you consider yourself to be of independent or dependent status?

- Independent Status Dependent Status
 If independent, complete Box A If dependent, complete Box B

Box A	Box B
<ul style="list-style-type: none"> • What is the size of your household, including yourself, and/or spouse, and/or other dependents? _____ • Did you file a federal income tax return last year? Yes <input type="checkbox"/> No <input type="checkbox"/> • If yes, what was your taxable income on last year's return? \$ _____ <p>* Please attach a photocopy of the appropriate federal income tax return.</p>	<ul style="list-style-type: none"> • What is the size of your parents' household, including yourself, and other dependents? _____ • Did your parents file a federal income tax last year? Yes <input type="checkbox"/> No <input type="checkbox"/> • If yes, what was your parents' taxable income on last year's return? \$ _____ <p>* Please attach a photocopy of the appropriate federal income tax return.</p>

Please attach a copy of your financial aid award letter (This can be printed from your WVU STAR account).

IV. Educational Information

List the name(s) of all colleges and universities attended.

School Name	Enrolled From		To	
	Month	Year	Month	Year

**Please attach a copy of official college transcripts of all colleges previously attended or arrange for transcripts to be sent to the McNair Program Office by the posted deadline date.*

What is your current academic major and minor, if any? _____

What is your current Cumulative GPA? _____

What is your expected graduation date? _____

Have you completed your sophomore year of study? Yes No

Are you a first-generation college student? Yes No

(Federal guidelines stipulate that an applicant must only consider the educational status of his or her parents to determine whether or not the applicant qualifies as being a first-generation college student. If an applicant, prior to the age of 18, regularly resided with and received support from only one parent, consider only the educational status of that parent.)

Do you intend to apply to graduate school? Yes No

What is the highest degree objective you seek?

Uncertain Master's Academic Doctorate (Ph.D. or Ed.D.)

Professional Doctorate (JD, M.D., D.V.M., etc.) Other (specify) _____

What is your proposed field of graduate study? _____

Which colleges or universities particularly interest you? _____

V. Additional Requirements for Applicants

A minimum of two letters of recommendation from faculty members in an academic department is required of all applicants. You may submit a third letter of recommendation from another faculty source, such as a counselor, staff member or member of the community, but it is not required. Remind each recommender to send the letter directly to the McNair Program Office. Please list the names, titles, and phone numbers of those submitting letters of recommendation on your behalf:

Name	Title	Phone Number

Is there a professor in your proposed field of study whom you feel would agree to become a mentor for the McNair research project? Yes No

If yes, please state the professor's name and department _____

If you have not identified a potential faculty mentor in your proposed field of study, please indicate what area(s) of research interests you with regard to the McNair research project.

Please briefly describe how you learned about the McNair Scholars Program.

I certify that the information provided herein is complete and accurate to the best of my knowledge and that any misrepresentation may be cause for refusing selection. I realize that awards under the McNair Scholars Program are subject to receipt of Department of Education funding by West Virginia University. I understand that if awarded this internship, I will adhere to and satisfy all conditions of the McNair Scholars Program. Additionally, I give my permission to use my name and address for purposes that the University deems necessary in achieving the goals of this program.

Signature: _____ Date: _____

Nondiscrimination Statement. West Virginia University does not discriminate on the basis of race, color, religion, national origin, sex, sexual orientation, marital status, pregnancy, age, disability, or veteran status.

Please Return Completed Application, Financial Aid Statement, Federal Income Tax Return, and Official Transcript(s) to the McNair Scholars Program Office.

VI. Statement of Purpose

Full Legal Name: _____

This Statement of Purpose is required of all applicants. Please describe the strengths and weaknesses of your preparation for graduate study, your reasons for wishing to undertake graduate study at the doctoral level, and your career objectives. Provide your personal insights as to why you should be selected for participation in this program and what you expect to gain from this experience.

In addition, please identify the contributions that you wish to make to your chosen field of study as well as to your community. You should address each of these topics in a statement not to exceed 1,000 typed words. (Attach one additional page if needed.)

McNair Scholars Program
West Virginia University
Student Services Center
P.O. Box 6212
Morgantown, WV 26506-6212

Phone: (304) 293-4316
Fax: (304) 293-4365

Signature: _____ Date: _____

3. What is your candid appraisal of the applicant's intellectual ability, aptitude for research potential for doctoral study, and quality of previous work?

4. Please discuss the knowledge and skills you believe this applicant needs to develop to ensure his/her successful admission to an academic doctoral-degree program.

Recommender's Name (please print): _____ Phone: _____

School/Other: _____ Position/Title: _____

Address: _____

Signature: _____ Date: _____

<p>Please mail this form to:</p> <p>Ronald E. McNair Scholars Program West Virginia University Student Services Center PO Box 6212 Morgantown, WV 26506-6212</p>

Thank you for your prompt consideration.

Letter of Recommendation

Please check: Faculty Other

<p><i>This section is to be completed by the applicant.</i></p> <p>Full Legal Name _____</p> <p>WVU Student ID Number _____</p> <p>Proposed Field of Graduate Study _____</p> <p>(Optional) Waiver: I voluntarily waive all rights to review this letter of recommendation conferred by the Family Education Rights and Privacy Act of 1974. (The alternative selected will not affect consideration of the application for admission.)</p> <p>Signature _____ Date _____</p>

This section is to be completed by the recommender and returned directly to the McNair Program Office. Attach additional pages if needed. Optionally, recommenders may submit a letter typed on university letterhead.

1. How long have you known the applicant and in what capacity?

2. Briefly describe your observations of the applicant's motivation for graduate study and/or commitment to the academic and professional goals of earning a Ph.D. or Ed.D.

3. What is your candid appraisal of the applicant's intellectual ability, aptitude for research potential for doctoral study, and quality of previous work?

4. Please discuss the knowledge and skills you believe this applicant needs to develop to ensure his/her successful admission to an academic doctoral-degree program.

Recommender's Name (please print): _____ Phone: _____

School/Other: _____ Position/Title: _____

Address: _____

Signature: _____ Date: _____

<p>Please mail this form to:</p>	<p>Ronald E. McNair Scholars Program West Virginia University Student Services Center PO Box 6212 Morgantown, WV 26506-6212</p>
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Thank you for your prompt consideration.

Participant Application Checklist

- Review your Ronald E. McNair Scholars Program Participant Application to be certain that it is completed in full.
- Submit application along with supporting documents to the Ronald E. McNair Scholars Program Office by the posted deadline date. *(Please understand that applications not including all supporting documents will not be considered for selection.)*
- Attach a photocopy of the appropriate Federal Income Tax Return.
- Attach a photocopy of your most recent FAFSA form and your West Virginia University Financial-Aid Award Letter.
- Attach an official transcript from each college and university previously attended.

OR

- Arrange for an official transcript from each college and university previously attended to be sent to the McNair Program Office.

_____ Date transcript was requested.

_____ Date transcript was sent.

- Deliver the Recommendation Forms to 2 faculty members.

To whom	When?	Verify that the recommendation was completed and mailed by application deadline?
<input type="checkbox"/> _____	_____	_____
<input type="checkbox"/> _____	_____	_____
<input type="checkbox"/> _____	_____	_____

- Complete and include your personal statement.
- Keep this checklist for your information.

Thank you for your interest in the McNair Scholars Program. We look forward to reviewing your application. Potential McNair Scholars will be asked to interview with members of the selection committee.

For further information please contact the McNair Scholars Program Office at (304) 293-4316.