

McNair Scholars Program ASPIRE Program One Washington Square San José, CA 95192-0127

For more information, please contact:

McNair Program Office: 408-924-2540

Maria E. Cruz, PhD Director maria.cruz@sjsu.edu

Marissa J. Smith, PhD Research Coordinator marissa.smith@sjsu.edu

Statement of Confidentiality: The information requested in this application is for the purpose of determining the applicant's eligibility for the McNair Scholars Program. Information received is treated confidentially.

APPLICANT INFORMATION Name ___ Last First Middle Local Mailing Address____ Address City/State Zip Code Cell Phone (Telephone () Permanent Mailing Address _____ Address City/State Zip Code Email Address #1: Email Address #2: _____ Gender: \square Male \square Female Date of Birth_ Month Day Year Social Security Number ______ Student ID Number _____ Your Social Security number will be used to track your progress for a minimum of ten years post-graduation for the Federal Department of Education Annual Performance Reports. ☐ Citizen ☐ Permanent Resident Citizenship: (If you are a Permanent Resident or a Citizen who was born outside of the United States, please provide a copy of USCIS Documentation.) Ethnic ☐ African American ☐ Asian (please specify) Heritage: ☐ Chicano/Mexican American □ *Native American* □ *Latino*

How did you hear about the McNair Scholars Program?

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□ White

☐ Mixed Heritage (please specify)

Please Initial Here: _____

□ *Other*_____

FAMILY INFORMATION

For financial aid purposes, are you considered dependent or independent?

If dependent, complete Section A.	If independent complete Section B.
Section A (Dependent) What is the size of your parent's household, including yourself?	Section B (Independent) What is the size of your household, including yourself spouse and/or other dependents?
Did your parent(s) file a federal income tax return year? Yes No If yes, what was their taxable income for the previous year? (Line 43 on the IRS form 1040, line 27 on the IRS form 1040A, line 6 on IRS form 1040EZ)	Did you file a federal income tax return for the previous year? Yes No If yes, what was your taxable income for the previous year? (Line 43 on the IRS form 1040, line 27 on the IRS form 1040A, line 6 on IRS form 1040EZ)
If no, place a "0" on the line for taxable income.	If no, place a "0" on the line for taxable income.
Please attach a copy of your most recent FAF prepared to provide a photocopy of previous documentation, if needed. Educational Attainment of Mother: Highest Grade Completed: 1 2 3 4 5 6 7 8 9 10 College Degree earned, if any: Bachelor Educational Attainment of Father: Highest Grade Completed: 1 2 3 4 5 6 7 8 9 10 College Degree earned, if any: Bachelor Before the age of 18 with whom did you regulated Mother only Father Only Both	year federal income tax forms for 11 12 13 14 15 16 Masters
First College Entry Date (Community College	or University)?
	oring?
	Major:
	PA in your Major:
	nsfer GPA:
A copy of your Spring Grade Report must be su the Spring semester.	ubmitted in order to verify your SJSUGPA after
What is your projected date of entrance into gr	aduate school?
In what field do you plan to obtain a doctoral a	legree?

RESEARCH/ADDITIONAL EXPERIENCE

Please provide any supplemental information you wish to have considered:

Describe yo	ur research exp	erience, if any, including dates and advisor/primary investigator.
1) List	any Academic	nonors you have received at the college level.
		RESEARCH INTEREST
Please state	you research i	terest or question that will be the basis of your McNair Project:
	•	un José State Faculty Members who you feel would be ideal oject provided above.
Mentor #1:		\square I have already discussed this project with this professor.
Mentor #2:_		☐ I have already discussed this project with this professor.
	LI	TTERS OF RECOMMENDATION
Form). Yo make you v you may su on your ac	ur recommende well suited for a abmit one letter	ation from faculty members are required (see Recommendation fions should address how your academic preparation and interests be program. If you are unable to obtain both letters from faculty from a graduate school instructor, or someone who can comment ance and research potential. Keep in mind that this is a very ation.
Telephone ()	Email
2) Recomm	ender's Name _	
Telephone ()	Email

CONTACT INFORMATION

Please provide the names and permanent addresses of three people who will know how to reach you in the future (e.g. grandparents or other relatives).

Name of Relative/Perman	ient Contact:		
		Name	
	Address		
City	State	Zip Code	
Telephone ()	Email o	or Cell ()	
Name of Relative/Perman	nent Contact:		
		Name	
	Address		
City	State	Zip Code	
Telephone ()	Email (or Cell ()	
Name of Relative/Permar	nent Contact:		
		Name	
	Address		
City	State	Zip Code	
Telephone ()	Email o	or Cell ()	
	PERSONAL STA	ATEMENT	
should be no more than committee would like to obtaining a doctorate is es	600 words and focus on know about your researd sential in pursuing those will help to reach your o	to your personal statement. This statem your academic and career objectives. The rch and career interests and why you for interests. You should also address how a academic goals. Please attach a typed contact the state of the	The feel the
		number, authorize the	
	, enrollment, in connection	tifiable information such as my name, social with the review of my application to the graduate education.	
My signature below indi application is true, comple		of my knowledge the information on t	his
Signature		Date	

APPLICATIONS INSTRUCTIONS/CHECKLIST

The McNair Scholars Program is a federally-funded TRIO program. All participants must meet specific eligibility criteria as determined by the U.S. Department of Education. Eligibility must be established proper to selection. In order to be considered for admission to the McNair Scholars Program, a complete application packet must be submitted. A complete application packet includes:

- 1) **APPLICANT INFORMATION.** Please provide all appropriate information requested on the form. This information is very information is very important for the purpose of determining you eligibility for the McNair Scholars Program according to federal guidelines.
- 2) **SUPPORTING DOCUMENTS.** Please include all the following documentation with your Application:
 - *Transcript(s):* Official transcript from San José State University as well as official transcript(s) from your <u>previous</u> institution(s) if attended.
 - *Family Income Verification:* Documentation of family income is required for the purpose of determining your eligibility for the McNair Scholars Program. Proof of family income must be submitted with this application packet. Your family income may be verified with a signed copy of your and/or your parents' most recent federal income tax forms.
 - *Personal Statement:* Your personal statement is very important to the selection process. The personal statement should be 2-4 pages in length, typed, double-spaced, and include page numbers.
 - **Research Experience Statement:** Describe any previous research experience or honors you have received to date.
 - *The Recommendations:* Two recommendations are required and should be from SJSU professors or a professor from your transferred institution. Recommendations should be returned to you, in signed and sealed envelopes. A third letter may be from an employer, counselor, advisor, or another individual who can attest to your academic or work potential, or your personal attributes. Professors can send letters to:

McNair Scholars Program One Washington Square San José, CA 95192-0127

• Resume or CV: optional

Applications will be screened. A personal interview is required of all semi-finalists. Semi-finalists will be contacted to schedule an interview.

APPLICATION SUBMISSION: Drop off completed application packets to McNair Scholars Program; located in the Student Services Center (take the right ramp and turn right)



Dare to make a difference In higher education, We'll help you get there One step at a time

A message about McNair Scholars and their Mentors

The goal of the faculty mentored Summer Research Program is to provide McNair Scholars introduction to systematic research and practical understanding of academic scholarship. The faculty/mentor relationship will also provide Scholars an introduction to the academic community and university life. The terms of the Research Contract are designed to ensure that Scholars and Faculty Mentors will derive the full benefit of the research internship.

The McNair Scholar agrees to attend both Spring and Fall Seminars on research and graduate school information and complete 30 hours per week of research and related activities during the eight-week summer program. The final paper or project is due December 15th following the summer of research.

The Faculty Research Mentor agrees to direct the Scholar's research project throughout the initial spring seminar series through the 6-8 week summer period until completion at the end of research paper the following fall semester. Student contact may be in-person, written or electronic. Faculty Mentors should plan to meet personally with Scholars at least twice a week during the summer research program. If a student or Faculty Mentor is abroad, there must be email or phone communication.

The Faculty Research Mentor will collaborate with his/her Scholar regarding the content and methodology of the research project. Through the course of summer, a written plan, designed by the Mentor and Scholar, must be submitted to the McNair Scholars Program. The plan should include:

- description of the study
- sources and methods for the review of the literature
- hypotheses or research questions and,
- ... description of the methodology to be used in the study
- * timeline for completion of the study

The McNair Scholar will be responsible for completing all research-related activities and for submitting all assignments on time. Moreover, the Faculty Mentor must help edit their Scholars personal statements and research paper. Lastly, the Faculty Research Mentor or McNair Scholar will notify McNair Program personnel of any difficulties or impediments encountered during the summer research program.

McNair Scholars Program Recommendation Form

When completed, return the form to applicant in a sealed envelope with your signature on the seal or directly to the McNair Program at extended zip 0127. If you have any questions, please contact the McNair Scholars Program, 408-924-2540.

This section is to be completed by the applicant. Please print or type.

Applicant Name	est	First				Middle
Address		City			·	Zip Code
Telephone		Ema	il			
Graduate Discipline or I	Interest					
OPTIONAL: (This waiver is not requ Program.) All rights of access to this 380) as amended, or otherwise, are h	s letter of recommendati	ion conferred				
Date	DateSignature					
To the Recommender: Rate the applicant in each	attribute/skill list					ing very low.
Attributes/Skills	5	4	3	2	1	No Basis to Judge
Analytic skills						
Oral communication skills						
Written communication skill	S					
Ability to work independent	ly					
Ability to work with others						
Potential for graduate school						
Dependability						
The Student named above is program is designed to prodeveloping research skills faculty member. <i>IN A MOTIVATION OF THIS</i> 1) In what capacity has 2) Please estimate his 3) What are the applicability or other chas 4) Provide any additional Recommendation concers I recommend to I recommend to I do not I do n	repare selected used work on a set and work on a set and work on a set and selection for this applicant.	undergrad ummer re LETTEK ADDRES, a studen a graduate trengths a ant to acade assessme or the pre ith confid	uates for esearch p R HELF SING TI t and for e student and weak demic su ent of the ogram (r gradua project co P US A HE FOL how lon knesses v access? e applica	te study onducted ACCESS LOWIN g? with reg	The students spend timed under the mentorship of THE PROMISE AND OF QUESTIONS: ards to academics, research
Evaluator's Name (Print Position/Title and Depar	or Type) tment					Date
Evaluator's Signature						

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This section is to be completed by the applicant. Please print or type.

Applicant Name _	Last		First				Middle
Address			City_				Zip Code
Telephone			_Email				
Graduate Disciplin	e or Interest_						
	s to this letter of reco	mmendation					d benefits from the McNair Scholars and Privacy Act of 1974 (P.L. 93-
Date	S	Signature	·				
To the Recommend		1 - 11 1 1					· ,
Rate the applicant in			-				
Attributes/Skills		5	4	3	2	1	No Basis to Judge
Analytic skills							
Oral communication sl	kills						
Written communicatio	n skills						
Ability to work indepe	ndently						
Ability to work with o	thers						
Potential for graduate	school						
Dependability							
program is designed developing research state faculty member. **MOTIVATION OF T** 1) In what capace 2) Please estima 3) What are the ability or other 4) Provide any at **Recommendation comparison of the state of	to prepare sel skills and work IN A SEPAR THIS STUDEN Eity have you know the his/her potent applicant's great characteristic additional communications.	on a sum RATE LI TBY AD nown this tial as a g eatest strea s relevant nents or as ction for cant with cant.	lergradua imer rese ETTER DRESSI student a raduate s ngths and to acade ssessment the prog confiden	tes for arch properties the properties of the pr	r gradua roject co P US A HE FOL how lon nesses v ccess?	te study onducted ACCESS LOWIN g? with regant.	ards to academics, research
Evaluator's Name (Print or Type)						Date
Position/Title and L	Department						
Evaluator's Signatu	ıre						