

McNAIR SCHOLARS PROGRAM APPLICATION



Please complete and return during
September 1st through October
21st of an academic year to:

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

**(Should the 21st land on a Saturday, Sunday or
Holiday, applications will be taken on the Monday or
Tuesday following that weekend or holiday)**

For more information, please contact:
Maria E Cruz at maria.cruz@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.

What year are you applying for? _____

APPLICANT INFORMATION

Name _____
Last First Middle

Local Mailing Address _____
City State Zip Code

Cell Phone (____) _____

Permanent Mailing Address _____
City State Zip Code

Telephone (____) _____ E-mail address #1: _____

Date of Birth _____ E-mail address #2: _____

Month Day Year Gender: Female Male

Social Security Number _____ Student ID Number _____

Citizenship: U.S. Citizen Permanent Resident Other

(If you are not a U.S. citizen, please provide a copy of INS documentation)

Ethnic African-American Asian *(please specify)* _____

Heritage: Chicano/Mexican-American Latino

Native American Mixed Heritage *(please specify)* _____

White Other _____

How did you hear about the McNair Scholars Program? _____

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/Permanent Contact _____

Permanent Contact Mailing Address _____
City State Zip Code

Telephone (____) _____

Name of Relative/Permanent Contact _____

Permanent Contact Mailing Address _____
City State Zip Code

Telephone (____) _____

Name of Relative/Permanent Contact _____

Permanent Contact Mailing Address _____
City State Zip Code

Telephone (____) _____

Please initial your name here: _____

What year are you applying for? _____

FAMILY INFORMATION

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

If **dependent**, complete **Section A**; if **independent**, complete **Section B**.

<p>Section A (Dependent) What is the size of your parents' household, including yourself? _____</p> <p>Did your parent(s) file a federal tax return for previous year? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what was their taxable income for the year? (Line 40 on IRS form 1040, line 27 on IRS form 1040A, line 6 on IRS form 1040EZ) \$ _____</p> <p>If no, place a "0" on the line for taxable income.</p>	<p>Section B (Independent) What is the size of your household, including yourself, spouse, and/or other dependents? _____</p> <p>Did you file a federal tax return for the previous year? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what was your taxable income for previous year? (Line 40 on IRS form 1040, line 27 on IRS form 1040A, line 6 on IRS form 1040EZ) \$ _____</p> <p>If no, place a "0" on the line for taxable income.</p>
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Please attach a copy of your most recent SAR or FAFSA. Please be prepared to provide a photocopy of previous year federal income tax forms for documentation, if needed.

Educational Attainment of Mother: Highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16

College Degree earned, if any: Bachelor Master Doctorate

Educational Attainment of Father: Highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16

College Degree earned, if any: Bachelor Master Doctorate

With whom did you regularly reside and receive support from before the age of 18?

Mother only Father only Both Other

EDUCATION INFORMATION

First College Entry Date (community college or university)? _____

Anticipated number of units completed after Spring? _____

Projected graduation date: _____ Major: _____

Current SJSU GPA _____ Major: _____

If you do not have a SJSU GPA, enter your Transfer GPA _____

A copy of your Spring Grade Report must be submitted in order to verify your SJSU GPA after the Spring semester.

What is your projected date of entrance into graduate school? _____

In what field do you plan to obtain a Ph.D. degree? _____

RESEARCH/ADDITIONAL EXPERIENCE

On a separate sheet, please provide any supplemental information you wish to have considered:

- 1) Describe your research experience, if any, including dates.
- 2) List any academic honors you have received at the college level.

Please initial your name here: _____

What year are you applying for? _____

RESEARCH INTEREST

Please state your research interest or question* that will be the basis of your McNair Project:

Provide the names of two San José State University faculty members who you feel would be ideal mentors for the research project provided above.

Mentor #1: _____ I have already discussed this project with this professor

Mentor #2: _____ I have already discussed this project with this professor

LETTERS OF RECOMMENDATION

Two letters of recommendation from faculty members and one from either a counselor or faculty are required (See Recommendation Form). Your recommendations should address how your academic preparation and interests make you well-suited for the program. If you are unable to obtain both letters from faculty, you may submit one letter from a Graduate Student Instructor, or someone who can comment on your academic performance and research potential. Keep in mind that this is a very important part of the application.

1) Recommender's Name _____

Address _____

Telephone (____) _____

2) Recommender's Name _____

Address _____

Telephone (____) _____

3) Recommender's Name _____

Address _____

Telephone (____) _____

PERSONAL STATEMENT

The selection committee will pay close attention to your personal statement. The statement should be no more than 600 words and focus on your academic and career objectives. The committee would like to know about your research and career interests and why you feel obtaining a Ph.D. is essential in pursuing those interests. You should also address how the McNair Scholars Program will help you to reach your academic goals. Please attach a typed copy of your personal statement.

My signature below indicates that, to the best of my knowledge, the information given on this application is true, complete, and accurate.

Signature _____ Date: _____

PLEASE RETURN COMPLETED APPLICATION, TRANSCRIPT, LETTERS OF RECOMMENDATION, AND FINANCIAL AID FORMS BETWEEN SEPTEMBER 1ST AND OCTOBER 21ST. THE FINAL SUBMISSION DATE IS OCTOBER 21ST, by 5:00pm. (Should the 21st land on a Saturday, Sunday or Holiday, applications will be taken on the Monday or Tuesday following that weekend or holiday)

Please initial your name here: _____