Southern Methodist University
Ronald E. McNair Scholars Program
PROGRAM APPLICATION
CHECKLIST

_____ _____ _____
Last Name **First** **Middle**

University Classification: **CWID:** _____

- € ____ Sophomore
- € ____ Junior
- € ____ Senior

Status:

- € ____ SMU Continuing Student
- € ____ Transfer Student

This application packet contains the following:

- € Complete McNair application
- € Personal Essay
- € Two completed recommendation forms from faculty members, which should be sent by faculty members directly to address shown on form
- € Unofficial copies of transcripts from all institutions of higher education attended
- € Low-income verification (signed copy of most recent income tax return)
- € If you are classified by financial aid as "dependent" then we must have your parents tax return and yours if applicable
- € Letter of acceptance from SMU Admission's Office (only for transfer students)

Application Deadline:

_____/_____/_____

Please submit all contents of the application package to:

Campus Location:
Expressway Towers, College Access, Room 1080
or
McNair Scholars Program
P.O. Box 750437, Dallas, TX 75275
214.768.3524 or Fax: 214.

Ronald E. McNair Scholars Program

Please Type or Print in Blue or Black Ink.

PROGRAM:	☐ Ronald E. McNair Post- Baccalaureate Achievement Program	**STEP 1**

Last Name:		**First Name:**	**Middle Initial:**
Applicant's Street Address:			**Apartment#:**
City:	**State:**	**Zip:**	**E-Mail:**
Phone Numbers: (H) _____ (W) _____ (C) _____			**School/College currently attending:** _____ **Campus ID#** (if applicable): _____
Social Security Number: -- --			**Classification:** _____ **G.P.A.:** _____

STEP 2

Ethnicity: ☐ American Indian or Alaska Native ☐ White ☐ Asian ☐ Native Hawaiian/Pacific Islander ☐ Black or African American ☐ More than one race ☐ Hispanic or Latino	**Gender:** ☐ Male ☐ Female	**Birth Date:** _____/_____/_____ **Age:** _____

STEP 3

Are you a U.S. Citizen? ☐ Yes ☐ No	
If you are not a U.S. Citizen, are you a Permanent Resident? ☐ Yes ☐ No	Enter Permanent Resident Alien Number: A

STEP 4

Has your father received/earned a four-year degree? If yes, name of school _____ ☐ Yes ☐ No	Has your mother received/earned a four-year degree? If yes, name of school _____ ☐ 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 and Father ☐ Father ☐ Neither Mother nor Father

STEP 5

If you are at least 24 years old, ignore the questions in STEP 5 and skip ahead to STEP 6.
If you are less than 24 years old, answer the questions in STEP 5 and then go to STEP 6.

Are you in college and working on a master's or doctorate program (e.g., M.A., MBA, MD, JD, PhD, and EdD?	☐ Yes ☐ No
Are you married?	☐ Yes ☐ No
Do you have children who receive more than half of their support from you?	☐ Yes ☐ No
Do you have dependents (other than your children or spouse) who live with you and who receive more than half of their support from you?	☐ Yes ☐ No
Are both of your parents deceased, or are you (or were you until age 18) a ward/dependent of the court?	☐ Yes ☐ No
Are you a veteran of the U.S. Armed Forces?	☐ Yes ☐ No

STEP 6

You must answer the questions in STEP 6 if you are **at least 24 years old** or you answered **YES** to any of the questions in STEP 5.
Your parent(s) must answer the questions in STEP 6 if you are **less than 24 years old** *and* you answered **NO** to all of the questions in STEP 5.

Note: If you are a college student and dependent on your parents (i.e., you are **less than 24 years old** *and* you answered **NO** to all of the questions in STEP 5), speak with your TAMU-Commerce staff member.

STEP 6 (Continued)

What is the total number of persons in your family?

Please select one of the following boxes:

☐ My family's ***taxable*** **(not total)** income from the last calendar year was:

$,

(Note: Your taxable income can be found on the federal income tax return you filed for the last calendar year. On IRS Form 1040, see line 42. On IRS Form 1040A, see line 27. On IRS Form 1040EZ, see line 6. On IRS Telefile, see line K1.)
Please provide a signed copy of the tax return with application

☐ I attest that my family did not file a federal income tax return for the last calendar year. My family's income was:

$,

☐ I attest that my family had no taxable income for the last calendar year.

STEP 7

Do you have a physical or learning disability?	☐ Yes	☐ No
Do you currently receive financial aid?	☐ Yes	☐ No
Do you have children who receive more than half of their support from you?	☐ Yes	☐ No
Do you have dependents (other than your children or spouse) who live with you and who receive more than half of their support from you?	☐ Yes	☐ No
Are both of your parents deceased, or are you (or were you until age 18) a ward/dependent of the court?	☐ Yes	☐ No
Are you a veteran of the U.S. Armed Forces?	☐ Yes	☐ No

STEP 8

What is your expected class standing by January 20__? ☐ Sophomore ☐ Junior ☐ Senior ☐ Other (specify): _____

What is your major? _____ What is your major GPA? _____ What is your expected graduation date? ____/____/_____

Do you plan to apply to graduate school? Yes☐ No ☐

If yes, when do you anticipate attending? ☐ Fall 20___ ☐ Spring 20___ ☐ Summer 20___

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

	(1)	(2)	(3)
Institution:	_____	_____	_____
Program:	_____	_____	_____

STEP 9

Read, sign, and date.

By signing this application, you attest that all the information on this application is true. Moreover, you authorize the release of official school records to Southern Methodist University, understanding that the information in these records will be used only to assess the student's need for program services, discern his/her educational progress, evaluate the effectiveness of program activities, and fulfill program reporting requirements.

_____ **Date:** _____ / _____ / _____
Student's/Participant's Signature **DD** **MM** **YYYY**

_____ **Date:** _____ / _____ / _____
Parent's Signature **DD** **MM** **YYYY**

(Parent's signature is required if applicant is **less than 24 years old** *and* answered **NO** to all of the questions in STEP 5.)

FOR OFFICE USE ONLY

The **20** _____ federal TRIO programs for low-income level for a family unit with _____ members is:

$				,			

☐ Recommended Approval
☐ Not Recommended
Reason: _____

☐ Recommended Approval
☐ Not Recommended
Reason: _____

☐ Approved
☐ Denied
Reason: _____

_____
Advisor (Print Name)

_____
Director (Print Name)

_____
Principal Investigator or Designee (Print Name)

_____
Advisor (Signature) (Date)

_____
Director (Signature) (Date)

_____
Principal Investigator or Designee (Signature) (Date)

Date of Application Entry into Database:	_____ / _____ / _____				Initials of Data Entry Staff:	_____	
Eligibility:	LI & FG	LI ONLY	FG ONLY	DI ONLY	DI & LI	Under-represented	OTHER
Project:	Ronald E. McNair Scholars Program						

Application Due By:

_____/_____/_____

Campus Location:

Expressway Towers, College Access Suit 1080

Please submit to:

Southern Methodist University
TRiO, Ronald E. McNair Scholars Program
P.O. Box 750437
Dallas, TX 75275
TRiO Main Office: 214.768.3524

Amber J Banks
McNair Scholars, Director: 214.768.3524
abanks@smu.edu

Southern Methodist University

Ronald E. McNair Scholars Program

APPLICATION ESSAY

Application Due By:

_____/_____/_____

Campus Location:

Expressway Towers, College Access Suite 1080

Please Return Completed Application To:

Southern Methodist University
Ronald E. McNair Scholars Program
P.O. Box 750437
Dallas , TX 75275
Main TRiO, Office: 214. 768.3524

Name:_____ CWID:_____

Please provide a short description of each of the following:

In the space below, give a brief intellectual autobiography describing the formation of your academic interest and describe why you are interested in becoming a McNair Scholar.

In the space below, describe your tentative plans for research and indicate general or specific areas in which you would like to work.

In the space below, describe your experience in research, oral presentations, or other scholarly activities.

In the space below, describe your career and or professional goals and how being a McNair Scholar will assist you in achieving these goals.

Southern Methodist University
Ronald E. McNair Scholars Program
RECOMMENDATION FORM

TO BE COMPLETED BY APPLICANT **Campus Wide ID# (CWID)** _____

Applicant's Name:_____ Classification:_____
Address:_____
I agree that the recommendation I am requesting shall be held in confidence by officials of Texas A&M University-Commerce, and I hereby waive any rights to examine it. _____Yes _____No
Applicant's Signature:_____ Date:_____

TO BE COMPLETED BY THE RECOMMENDER

The above named person has applied to the A&M-Commerce TRiO, Ronald E. McNair Post-Baccalaureate Achievement Program and has asked that you supply the information requested below:

SUMMARY EVALUATION: Please rate the applicant by placing a check in the appropriate box

Applicant's promise as a graduate student in comparison with others of similar age and experience	**Below Average Lowest 40%**	**Average *Middle 20%***	**Above Average *Next 25%***	**Unusual Next 5*%***	**Outstanding *Almost Top 5%***	**Truly Exceptional *Top 5%***	**Inadequate Opportunity to Observe**
Research aptitude							
Intellectual potential							
Ability to work with others							
Creativity and imagination							
Maturity							
Self-confidence							
Oral communication skills							
Written communication skills							
Ability to analyze and formulate a solution							
Motivation for proposed program of study							
Potential as a teacher							
Potential for career advancement							

Please indicate the strength of your overall endorsement	**Not Recommended**	**Recommend With Reservations**	**Recommended**	**Highly Recommended**

_____ _____ _____
Signature Print Name Date

_____ _____
Position Department

_____ _____
Email Phone Number

Recommendation Forms are due: _____/_____/_____

Please submit to Southern Methodist University, TRiO, Ronald E. McNair Scholars Program, PO Box 750437, Dallas, TX 75275-0437 or Fax: (214) 768-2428. Express Towers, College Access Building, Room 1080.

Southern Methodist University
Ronald E. McNair Scholars Program
RECOMMENDATION FORM

TO BE COMPLETED BY APPLICANT **Campus Wide ID# (CWID)** _____

Applicant's Name:_____ Classification:_____
Address:_____
I agree that the recommendation I am requesting shall be held in confidence by officials of Sot, and I hereby waive any rights to examine it.
_____Yes _____No
Applicant's Signature:_____ Date:_____

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Research aptitude							
Intellectual potential							
Ability to work with others							
Creativity and imagination							
Maturity							
Self-confidence							
Oral communication skills							
Written communication skills							
Ability to analyze and formulate a solution							
Motivation for proposed program of study							
Potential as a teacher							
Potential for career advancement							

Please indicate the strength of your overall endorsement	**Not Recommended**	**Recommend With Reservations**	**Recommended**	**Highly Recommended**

_____ _____ _____
Signature Print Name Date

_____ _____
Position Department

_____ _____
Email Phone Number

Recommendation Forms are due: _____/_____/_____

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