Southern Methodist University
Mustang McNair Scholars Application

FOR OFFICE USE ONLY: **Date of Application:** ____ / _____ / _____
Income Proof: ☐ Financial Aid Office ☐Tax Form
Eligibility: ☐First Generation Only ☐Low-Income Only
☐ First-Generation & Low-Income ☐ Under Represented
McNair Staff Signature: _____ Date: ___/___/____

SECTION I:	***PERSONAL DATA***		
Last Name:	First Name:		Middle Initial:
Social Security #:	Date of Birth:	Gender: ☐ Female Male	**Marital Status:** ☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Widowed Number of Children:
Email Address:		SMU ID #:	
Ethnicity: ☐ African-American ☐ American Indian/Alaskan Native ☐ Asian ☐ Black ☐ Hispanic ☐ White ☐ Other (Specify): _____			
Citizenship: ☐ US Citizen ☐ Permanent Resident –Alien Number:			

Time Availability for Seminars/Meetings: (Check all that apply & specify times)

☐ Mondays: AM _____ to _____ Afternoon _____ to _____ Evenings: _____ to _____
☐ Tuesdays: AM _____ to _____ Afternoon _____ to _____ Evenings: _____ to _____
☐ Wednesdays: AM _____ to _____ Afternoon _____ to _____ Evenings: _____ to _____
☐ Thursdays: AM _____ to _____ Afternoon _____ to _____ Evenings: _____ to _____
☐ Fridays: AM _____ to _____ Afternoon _____ to _____ Evenings: _____ to _____
☐ Saturdays: AM _____ to _____ Afternoon _____ to _____ Evenings: _____ to _____

PARENT/GUARDIAN'S PERMANENT ADDRESS CONTACT INFORMATION		
Parent/Guardian Name:	Relationship:	
Address:		
City:	State:	Zip:
Email Address:		

FAMILY INFORMATION	
The information in this section is requested only for the determination of your eligibility for the McNair Scholars Program. Please respond only for those who regularly reside in your household.	
Do you reside with your mother: ☐ Yes ☐ No	Do you reside with your mother: ☐ Yes ☐ No
Highest Level of education completed by your mother: □ Middle School/Junior High □ High School □ Associate's Degree □ College or Beyond □ Other/Unknown	Highest level of education completed by your father: □ Middle School/Junior High □ High School □ Associate's Degree □ College or Beyond □ Other/Unknown

FINANCIAL INFORMATION	
DEPENDENT STATUS	***INDEPENDENT STATUS (Over 24 or with a child)***
How many people, including you, reside in your parents' household? Did your parents/guardian file a federal income tax return for the previous year? □ Yes □ No Refer to your taxable income on IRS forms 1040, 1040A, or 1040EZ for the previous year. What was their taxable income? _____	How many people, including you, reside in your parents' household? Did your parents/guardian file a federal income tax return for the previous year? □ Yes □ No Refer to your taxable income on IRS forms 1040, 1040A, or 1040EZ for the previous year. What was their taxable income? _____
Do you receive financial aid? □ Yes □ No If yes, what type? □ Grant □ Work Study □ Loans Scholarship(s) Name: Are you employed?: □ Yes □ No If yes, employer? Number hours worked per week:	

SECTION 2 ACADEMIC INFORMATION	
Academic College you are currently enrolled in:	
Major:	Minor:
Advisor:	Total Credits Earned:
Overall GPA:	GPA in Major:
Class Standing: ☐Sophomore ☐Junior ☐Senior	
Number of Credits in Progress for Current Semester: ____	Expected Graduation Date (month/year):_____ / _____

ACADEMIC HONORS AND AWARDS	
Honors/Awards	***Date***
_____	_____
_____	_____
_____	_____

RESEARCH INTEREST
Have you had any previous research experience? ☐ Yes ☐ No
If so, please briefly describe the nature of this experience.
If you wish to pursue research in a particular discipline, please indicate your first and second choices. ☐ Biology ☐ Business ☐ Chemistry ☐ Communications ☐ Computer Science ☐ Education ☐ Engineering ☐ English ☐ History ☐ Mathematics ☐ Philosophy ☐ Political Science ☐ Psychology ☐ Sociology ☐ Spanish ☐ Other, _____ (specify)
Do you have a specific topic you would like to research? If so, please describe your research interest. _____ _____

FACULTY MEMBERS	
Please list three faculty members with whom you have worked on research projects before.	
Name:	Department & Title:
Email:	Phone:
Name:	Department & Title:
Email:	Phone:
Name:	Department & Title:
Email:	Phone:

SECTION 2		
LETTER OF RECOMMENDATION		
The letters by faculty members who are familiar with your work must be directly submitted to the McNair office. Each letter should address your academic and research abilities as well as your potential for graduate study. In the space below, please provide the names of the three people who will recommend you.		
Name:	Phone:	Email:
Name:	Phone:	Email:
Name:	Phone:	Email:
TO BE COMPLETED BY ALL STUDENTS		
Essay: On a separate sheet, write a brief (300-500 words) on your academic, professional, and personal goals and how your participation in the McNair Scholars program will help you achieve these goals. Include a description of the research topic(s) you would like to explore during your internship.		
CERTIFICATION		
I certify that the information I have provided is complete and accurate to the best of knowledge. If I am selected to participate in the McNair Scholars Program, I agree to participate in all its activities until I graduate and to review my transcripts with my advisor each semester. _____ _____ ***Signature*** ***Date***		
Recommended Approval	***Recommended Approval***	
_____ _____ ***Coordinator's Signature*** ***Date***	_____ _____ ***Director's Signature*** ***Date***	
ATTENTION STUDENT: ***Please review the statement below:*** ***Optional: I hereby waive my right to have access to this recommendation as so indicated by my signature below. I understand that this waiver will not affect my admission or my ability to receipt any serves provided by the McNair Scholars Program.***		

RECOMMENDER FORM

To the Recommender:
Candidate's Name: _____
Recommender's Name: _____ Department: _____
Email Address: _____ Contact Number: _____

The McNair Scholars Program is designed to prepare selected undergraduate students for graduate study in a P.H.D program. The students conduct research under the mentorship of a faculty member, and attend graduate education seminars and computer workshops. Please help us assess the ability and motivation of this student by responding to the following questionnaire and/or providing a letter of recommendation for the candidate.

How long have your known this student and in what capacity?

To what extent do you believe the applicant could benefit from this Scholars Program?

How does the applicant rate in the following areas in comparison with students in the same field and with similar experience and training?	**Below Average**	**Average**	**Somewhat Above Average**	**Good**	**Unable to Judge**
	Lower 40%	**Middle 20%**	**Next 15%**	**Next Higher 15%**	
Academic Aptitude and Potential for Graduate School					
Present Academic Performance in Area of Concentration					
Motivation for the Pursuit of Advanced Graduate Study					
Emotional Maturity and Stability					
Self-Reliance and Independence					
Ability in Written Expression					

_____
Recommender's Signature ***Date***

Please return this form to:
Southern Methodist University
PO Box 750437, Dallas Texas 75275
Campus Mail: Expressway Towers, 6116 Central Expressway, #615 Email: mcnairscholars@smu.edu

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Southern Methodist University
McNair Scholars Program

Individual Needs Assessment
(34CFR647.32 (b) (2))

Last Name	**First Name**
SMU ID #	

Do you wish to prepare for doctoral study (34CFR647.1) ☐Yes ☐No

Have you ever enrolled in doctoral level study at an institution of higher education? (34CFR647.3 (d)) ☐Yes ☐No

Which project services do you need in order to prepare for doctoral study? (Check all that apply.)

☐ Opportunities for research or other scholarly activities at the grantee institution or at the graduate center that are designed to provide effective preparation for doctoral study. (34VGT647.4 (a))
☐ Summer Internships (34CFR647.4(b))
☐ Seminars and other educational activities designed to prepare me for doctoral study. (34CFR647.4 ©)
☐ Tutoring (34CFR647.4 (d))
☐ Academic Counseling. (34CFR647.4 (e))
☐ Assistance in securing admission to and financial assistance for enrollment in graduate programs. (34CFR647.4(f))
☐ Mentoring involving faculty members or students. (34CFR647.4(g))
☐ Exposure to cultural events and academic programs not usually available to me. (34CFR647.4(h))

Please check the box that represents how strongly you agree or disagree with each of the following statements.

	Strongly Agree	***Disagree***	***Undecided***	***Agree***	***Strongly Agree***
1. I know the requirement for admission to graduate school.	☐	☐	☐	☐	☐
2. I know which graduate-school entrance examinations must be taken by students in my discipline.	☐	☐	☐	☐	☐
3. I am familiar with the format and contents of the graduate-school entrance examinations that must be taken by students in my discipline.	☐	☐	☐	☐	☐
4. I know what resources are available to help me prepare for graduate-school entrance examinations.	☐	☐	☐	☐	☐
5. I am comfortable with writing personal statements, vitae, and resumes.	☐	☐	☐	☐	☐
6. I know the costs that are associated with attending graduate school.	☐	☐	☐	☐	☐
7. I am knowledge about the financial-aid sources that I can access to pay for graduate school.	☐	☐	☐	☐	☐
8. I know what graduate assistants do and how they are compensated.	☐	☐	☐	☐	☐
9. I am familiar with how to apply for graduate assistantships.	☐	☐	☐	☐	☐
10. I am familiar with the research methodologies & data-analysis strategies that are utilized in my discipline.	☐	☐	☐	☐	☐
11. I am familiar with areas of specialization within my discipline.	☐	☐	☐	☐	☐
12. I know how to document primary sources according to the standards of my discipline.	☐	☐	☐	☐	☐
13. I know how to document secondary sources according to the standards of my discipline.	☐	☐	☐	☐	☐
14. I know the names of the leading scholars in my discipline.	☐	☐	☐	☐	☐
15. I am familiar with the most reputable journals in my discipline.	☐	☐	☐	☐	☐
16. I know how and have to submit protocols to an Institutional Review Board (IRB).	☐	☐	☐	☐	☐
17. I am familiar with conducting searches at the library for research information.	☐	☐	☐	☐	☐

18. I know how to use the computer to find citations in online databases.	☐	☐	☐	☐	☐
19. I am comfortable taking test that consist primarily of essay questions.	☐	☐	☐	☐	☐
20. I am familiar with the process for developing and writing a research paper.	☐	☐	☐	☐	☐
21. I have written research reports and/or essays beyond those required by the instructors in my undergraduate courses.	☐	☐	☐	☐	☐
22. I have attended an academic conference and/or professional meeting.	☐	☐	☐	☐	☐
23. I have give poster presentations at conferences and/or professional meetings.	☐	☐	☐	☐	☐
24. I have presented a paper at a conference and/or professional meeting.	☐	☐	☐	☐	☐
25. I have sat on a panel or participated in a debate during a conference or professional meeting.	☐	☐	☐	☐	☐
26. I am familiar with the steps on writing for publications in scholarly journals.	☐	☐	☐	☐	☐
27. I know the difference between a seminar paper, a thesis and a dissertation.	☐	☐	☐	☐	☐
28. I know how to plan long-term projects so that I can complete all necessary activities in a timely manner.	☐	☐	☐	☐	☐
29. I am familiar with teaching careers at the college level.	☐	☐	☐	☐	☐
30. I am aware of the steps one must complete to earn a master's degree.	☐	☐	☐	☐	☐
31. I am aware of the steps one must complete to earn a doctoral degree.	☐	☐	☐	☐	☐
32. I am familiar with "networking" and "mentoring" and their impact on my professional development.	☐	☐	☐	☐	☐

Applicant's Signature ***Date***

For OFFICE USE ONLY	**Strongly Disagree**	**Disagree**	**Undecided**	**Agree**	**Strongly Agree**
TOTAL					

FOR OFFICE USE ONLY
Is the applicant currently enrolled in a degree program at an institution of higher education that participates in the student financial assistance programs authorized under Title IV of the HEA? (34CFR647.3 (b)) □ Yes □ No

McNair Staff Signature ***Date***

McNair Director Signature ***Date***