

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

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.

Are you currently eligible to receive financial aid? Yes _____ No _____

* If you receive financial aid, please attach a photocopy of your most recent financial aid statement.

(This includes a photocopy of your most recent Free Application for Student Aid (FAFSA) form and your university financial letter.)

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 _____ No _____ • If yes, what was your _____ taxable income? <p>\$ _____</p> <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 _____ No _____ • If yes, what was your _____ taxable income? <p>\$ _____</p> <p>* Please attach a photocopy of the appropriate federal income tax return.</p>

Letter of Recommendation

Please check: Faculty _____ Other _____

This section is to be completed by the applicant.

Full Legal Name _____

WVU Student ID Number _____

Proposed Field of Graduate Study _____

(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.)

Signature _____ Date _____

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: _____ Phone: _____

School/Other: _____ Position/Title: _____

Address: _____

Signature: _____ Date: _____

<p>Please mail this form to: 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.

IV. Educational Information

List the names 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 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. If you wish to submit a third letter of recommendation from another faculty source, such as a counselor, staff member or member of the community, you are welcome to do so. 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 mentor for the McNair summer 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 summer 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 selected to receive a scholarship 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.

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.*)

Signature: _____ Date: _____

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?

- 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 Ronald McNair Scholars Office at (304) 293-4316.