

## McNair Scholars Program Wayne State University

## **Participant Application Packet**

		Eligibilit	у	
Last Name:	First Name:		M.I	
Major	SSN:		_ Banner Id:	
Address:				
City:	State:	Zip code:	DOB:	
Phone Number:		Email address:		
Citizenship:US Citi	zen Ge	ender as listed	on Government Issued	ID:
Perma	nent Resident	Male	Female	
Resident Alien Number (	if applicable):	Gender Pronoเ	ıns:	
Disability:Yes!  Ethnicity:				
African American/B	lack (other than Hisp	anic)	Native Hawa	iian/Pacific Islander
American Indian/Native Alaskan			White	
Hispanic/Latino			Other	
Mark ALL Statements th	at best describe you	r first-generati	on college student stat	us:
Neither of your nate	ural or adoptive pare	nt(s) have rece	ived a four-year college	degree.
You are from a sing received a four-yea	•	and lived with a	a parent prior to age of	18, and that parent has no
You were an orphar	or ward of the cour	t.		
None of these state	ments apply.			

List all financial assistance	e you are currently receivin	g, including scholarship	s and work-study:
Current immediate House	ehold Size & Low-Income Le	evels (as of January 15,	2020)
Family Size	Family Taxable Income	Alaska Only	Hawaii Only
1	\$19,140	\$23,925	\$22,020
2	\$25,860	\$32,325	\$29,745
3	\$32,580	\$40,725	\$37,470
4	\$39,300	\$49,125	\$45,195
5	\$46,020	\$57,252	\$52,920
6	\$52,740	\$65,925	\$60,645
7	\$59,460	\$74,325	\$68,370
8	\$66,180	\$82,725	\$76,095
-	than eight members, add the	_	-
_	us states, the District of Colur re information: https://www2.		
			S FILED FEDERAL 2018 INCOME TAX
		OF YOUR OR YOUR PARENT	5 FILED FEDERAL 2016 INCOME TAX
DOCUMENTS OR FAFSA STUD	DENT AID REPORT		
I have a strong desire to a	ttain a PhD or other acaden	nic (non-professional) do	octorate:YesNo
Academic Standing as of F	all 2019: Freshman _	SophomoreJur	niorSenior
Expected Graduation Date	e: Fall Winte	rSpring/Sumn	ner 20
Prospective Faculty Ment	<u>cor</u>		
The McNair Scholars Prog	ram includes a Mentored Ro	asaarch Evnarianca in w	which Scholars complete a
-		•	·
• •	·		c closely with a faculty mentor in
·	details about graduate sch	•	·
contact with a faculty mer	mber is not required. We or	lly require you identify f	aculty in your discipline/major
that you are interested in	working with. Please list up	to three prospective fac	culty mentors, their department
and email.			
Faculty Mentor N	ame Department	Email	
1			
2			
<u>Essay</u>			

Please write an essay outlining your academic and career goals, research interests, your ideas on what a doctoral degree can do for you, your reason for wanting to participate in the McNair Program, and your desire to teach at the college level or conduct scholarly research. *Essays must be typed, a minimum of 300 words, and well-written. Excessive grammatical errors will affect the participant's eligibility.* 

consideration.	
Participant application packet (c	completed accurately)
Academic Plan via Degree Works	s signed by your academic advisor
Essay	
Resume	
Recommendation Forms (Junior	s submit two, Sophomores submit one)
	ching faculty member in your department, and the other may be completed by an work supervisor. If you are or were a participant of another TRIO program, one rogram.
Unofficial College Transcript	
Income Verification: Copy of your Student Aid Report.	or your parent's filed federal 2018 income tax documents or FAFSA
	submit their parent's information and independent students are only required to cy status determined by Federal Aid regulations.
Cignotius	 
Signature	Date
For Office Use Only:	
Signed Application	Eligibility:LIFG orUR
Essay	Reported Income
Resume	Family Size
Unofficial Transcript	CDA
Recommendation (Faculty)	GPA
Recommendation	Sophomore Junior Senior
Academic Plan of Work	Sophomore Junior Senior
Academic Plan of Work Tax Document/FAFSA	Sophomore Junior Senior Status:Accepted

Complete the following checklist to ensure you have submitted all the required information to receive full