

McNair Scholars Program Wayne State University

Participant Application Packet

| Eligibility | | | | | | |
|--|----------------------|------------------|-------------------------|------------------------------|--|--|
| Last Name: | st Name: First Name: | | M.I | | | |
| Major | SSN: | | _ Banner Id: | | | |
| Address: | | | | | | |
| City: | State: Z | Zip code: | DOB: | | | |
| Phone Number: | E | Email address: | | | | |
| Citizenship:US Citize | n Ger | nder as listed o | on Government Issued | ID: | | |
| Permane | nt Resident | Male | Female | | | |
| Resident Alien Number (if a | pplicable): G | Gender Pronou | ıns: | | | |
| Ethnicity: | | | | | | |
| African American/Blac | k (other than Hispa | nic) | Native Hawa | aiian/Pacific Islander | | |
| American Indian/Native Alaskan | | | White | | | |
| Hispanic/Latino | | | Other | | | |
| Mark ALL Statements that | best describe your | first-generation | on college student sta | tus: | | |
| Neither of your natura | l or adoptive paren | t(s) have recei | ved a four-year colleg | e degree. | | |
| You are from a single-preceived a four-year contractions | | nd lived with a | a parent prior to age o | f 18, and that parent has no | | |
| You were an orphan o | r ward of the court. | | | | | |
| None of these stateme | ents apply. | | | | | |

| List all financial assistan | ce you are cur | rently receiving, in | cluding scholarships a | nd work-study: |
|---|---|--|--|-------------------------------------|
| | | | | |
| | | | | |
| | | | | |
| Current immediate Hou | sehold Size & | Low-Income Levels | (as of January 13, 202 | 21) |
| Family Size | Family Taxable Income | | Alaska Only | Hawaii Only |
| 1 | \$19,320 | | \$24,135 | \$22,230 |
| 2 | \$26,130 | | \$32,655 | \$30,060 |
| 3 | \$32,940 | | \$41,175 | \$37,890 |
| 4 | \$39,750 | | \$49,695 | \$45,720 |
| 5 6 | \$46,560 \$53,370 | | \$58,215 \$66,735 | \$53,550 \$61,380 |
| 7 | \$53,370 \$60,180 | | \$75,255 | \$69,210 |
| 8 | \$60,180 \$66,990 | | \$83,775 | \$77,040 |
| For family units with mo | | • | • • | |
| = | _ | | _ | ns; \$8,520 for Alaska; and |
| \$7,830 for Hawaii. For me | | | | |
| ALL APPLICANTS MUST PROV | IDE INCOME VER | IFICATION: COPY OF Y | OUR OR YOUR PARENT'S FI | ILED FEDERAL 2018 INCOME TAX |
| DOCUMENTS OR FAFSA STU | JDENT AID REPO | RT | | |
| I have a strong desire to Academic Standing as of | | | | |
| Expected Graduation Da | te: Fall | Winter | Spring/Summer | 20 |
| Prospective Faculty Men | <u>ntor</u> | | | |
| their field to learn specif contact with a faculty m | aculty mentor ic details abou ember is not re | . It is important tha It graduate school e equired. We only re | t each student work clexpectations related to equire you identify facu | osely with a faculty mentor |
| Faculty Mentor | Name | Department | Email | |
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| <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 (| 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 2019 income tax documents or FAFSA |
| | submit their parent's information and independent students are only required to cy status determined by Federal Aid regulations. |
| | |
| Signature | Date |
| For Office Use Only: | |
| Signed Application | Eligibility:LIFG orUR |
| Essay | Reported Income |
| Resume | Family Size |
| Unofficial Transcript | GPA |
| Recommendation (Faculty) | Sophomore Junior Senior |
| Recommendation | Status:Accepted |
| Academic Plan of Work | Denied (Reason) |
| Tax Document/FAFSA | Berned (Neu3011) |
| | Beined (Reason) |

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