



**McNair Scholars Program  
Wayne State University**

**Participant Application Packet**

---

**Eligibility**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I \_\_\_\_\_

Major \_\_\_\_\_ SSN: \_\_\_\_\_ Banner Id: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_ DOB: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email address: \_\_\_\_\_

Citizenship:  US Citizen                      Gender as listed on Government Issued ID:

Permanent Resident                       Male                       Female

Resident Alien Number (if applicable): \_\_\_\_\_ Gender Pronouns: \_\_\_\_\_

Enrollment Status:  Full-time  Part-time      Past TRIO Participation:  Yes  No

Disability:  Yes  No      If yes, please explain: \_\_\_\_\_

**Ethnicity:**

African American/Black (other than Hispanic)                       Native Hawaiian/Pacific Islander

American Indian/Native Alaskan                       White

Hispanic/Latino                       Other

**Mark ALL Statements that best describe your first-generation college student status:**

Neither of your natural or adoptive parent(s) have received a four-year college degree.

You are from a single-parent household and lived with a parent prior to age of 18, and that parent has not received a four-year college degree.

You were an orphan or ward of the court.

None of these statements apply.

List all financial assistance you are currently receiving, including scholarships and work-study:

---



---



---

**Current immediate Household Size & Low-Income Levels (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    |

For family units with more than eight members, add the following amounts for each addition family member: \$6,720 for the 48 contiguous states, the District of Columbia and outlying jurisdictions; \$8,400 for Alaska; and \$7,725 for Hawaii. For more information: <https://www2.ed.gov/about/offices/list/ope/trio/incomelevels.html>

**ALL APPLICANTS MUST PROVIDE INCOME VERIFICATION: COPY OF YOUR OR YOUR PARENT’S FILED FEDERAL 2018 INCOME TAX DOCUMENTS OR FAFSA STUDENT AID REPORT**

I have a strong desire to attain a PhD or other academic (non-professional) doctorate: \_\_\_ Yes \_\_\_ No

Academic Standing as of Fall 2021: \_\_\_ Freshman \_\_\_ Sophomore \_\_\_ Junior \_\_\_ Senior

Expected Graduation Date: \_\_\_ Fall \_\_\_ Winter \_\_\_ Spring/Summer 20\_\_\_

**Prospective Faculty Mentor**

The McNair Scholars Program includes a Mentored Research Experience, in which Scholars complete a research project with a faculty mentor. It is important that each student work closely with a faculty mentor in their field to learn specific details about graduate school expectations related to the field of study. Prior contact with a faculty member is not required. We only require you identify faculty in your discipline/major that you are *interested* in working with. Please list up to three prospective faculty mentors, their department and email.

|    | Faculty Mentor Name | Department | Email |
|----|---------------------|------------|-------|
| 1. | _____               | _____      | _____ |
| 2. | _____               | _____      | _____ |
| 3. | _____               | _____      | _____ |

**Essay**

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.*

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

- \_\_\_ Participant application packet (completed accurately)
- \_\_\_ Academic Plan via Degree Works signed by your academic advisor
- \_\_\_ Essay
- \_\_\_ Resume
- \_\_\_ Recommendation Forms (Juniors submit two, Sophomores submit one)

*At least one must be completed by a teaching faculty member in your department, and the other may be completed by an academic advisor, college counselor, or work supervisor. If you are or were a participant of another TRIO program, one from your counselor or director of that program.*

- \_\_\_ Unofficial College Transcript
- \_\_\_ Income Verification: Copy of your or your parent's filed federal 2019 income tax documents or FAFSA Student Aid Report.

*Dependent students are only required to submit their parent's information and independent students are only required to submit their own information. Dependency status determined by Federal Aid regulations.*

**By my signature below, I certify that the information I provided on and in connection with this application is true, accurate and complete.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**For Office Use Only:**

|                              |                                     |
|------------------------------|-------------------------------------|
| ___ Signed Application       | Eligibility: ___ LIFG or ___ UR     |
| ___ 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       |                                     |

**Approval:** Program Director \_\_\_\_\_ Date \_\_\_\_\_