



**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 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: _____

Have you previously earned a bachelor's degree? Yes No

(Students earning a second bachelor's degree are ineligible for McNair)

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, 2025)

Family Size	Family Taxable Income	Alaska Only	Hawaii Only
1	\$23,475	\$29,325	\$26,985
2	\$31,725	\$39,645	\$36,480
3	\$39,975	\$49,965	\$45,975
4	\$48,225	\$60,285	\$55,470
5	\$56,475	\$70,605	\$64,965
6	\$64,725	\$80,925	\$74,460
7	\$72,975	\$91,245	\$83,955
8	\$81,225	\$101,565	\$93,450

For family units with more than eight members, add the following amounts for each additional family member: \$5,500 for the 48 contiguous states, the District of Columbia, and outlying jurisdictions; \$6,880 for Alaska; and \$6,330 for Hawaii. For more information:

<https://www.ed.gov/about/ed-offices/ope/trio/federal-trio-programs-current-year-low-income-levels>

ALL APPLICANTS MUST PROVIDE INCOME VERIFICATION: COPY OF YOUR OR YOUR PARENT’S FILED FEDERAL 2023 or 2024 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 2025: _____ 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 2023- or 2024-income tax documents, or FAFSA Student Aid Report(SAR), that shows your taxable income. If you were claimed as a dependent, we will also need your parent's filed federal 2023- or 2024-income tax documents that shows their taxable income.

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 _____