

MCNAIR SCHOLARS **2018 – 2019** APPLICATION

Applicant's Name: \_\_\_\_\_

**Application Checklist**

- Determine McNair Program eligibility
- Complete application including "Authorization for Release of Information"
- Write and edit personal statement
- Photocopy federal income tax return for self or parent(s)/guardian(s)
- Request *two* recommendations, ideally from faculty (These should be sent to the McNair Office by the recommenders.)

**Application Deadline: Friday, November 30, 2018 at 5:00 PM**

Submit completed applications to:

Cordelia Bowlus  
Director of McNair Scholars Program  
Halsey 320  
University of Wisconsin Oshkosh  
mcnair@uwosh.edu  
(920) 424-7306

**TRIO**

**RONALD E. MCNAIR  
POST-BACCALAUREATE  
ACHIEVEMENT PROGRAM**

## McNair Program Eligibility

**If you respond “YES” to all of the questions in *either* Part A or Part B, you meet the basic eligibility requirements.**

### Part A

Yes	No	
		Neither of my parents have completed a four-year degree.
		I (my family) has demonstrated financial need as determined by low income level established by the U.S. Department of Education. (See Federal income guidelines: <a href="https://www2.ed.gov/about/offices/list/ope/trio/incomelevels.html">https://www2.ed.gov/about/offices/list/ope/trio/incomelevels.html</a> )
		I am a citizen or permanent resident of the United States.
		I am enrolled as a full-time undergraduate at UWO having attained a minimum standing of rising junior (45 credits hours) with a GPA of 2.9 or higher.
		I have a strong desire to pursue a graduate degree—Master’s or PhD.
		I understand that being a McNair scholar requires tremendous commitment and accountability. I am willing and determined to carry out my responsibilities should I be selected to participate in this highly esteemed program.

### Part B

Yes	No	
		I am a member of an ethnic/racial group traditionally underrepresented in graduate education: African American, Hispanic, Native American, or Pacific Islander.
		I am a citizen or permanent resident of the United States.
		I am enrolled as a full-time undergraduate at UWO having attained a minimum standing of rising junior (45 credits) with a GPA of 2.9 or higher.
		I have a strong desire to pursue a graduate degree—Master’s or PhD.
		I understand that being a McNair scholar requires tremendous commitment and accountability. I am willing and determined to carry out my responsibilities should I be selected to participate in this highly esteemed program.

## The University of Wisconsin Oshkosh – McNair Scholars Program 2017 – 2018 Confidential Application Form

*Please provide the following information. **All information is confidential.** If you are concerned about any of the questions asked on this form, please discuss your concerns with the McNair Program Director.*

<b>Applicant Information</b>	
Last Name: _____ First Name: _____ Middle Name: _____ SS#: _____ Age: _____ Legal Sex:    Male    Female Preferred Gender Identity: _____ Date of Birth: _____ Student ID#: _____ Email: _____	
Local (campus) Address: Street Address: _____ City: _____ State: _____ Zip: _____ Phone: _____	Permanent (parent) Address: Street Address: _____ City: _____ State: _____ Zip: _____ Phone: _____
Emergency Contact Name: _____ Emergency Contact Phone: _____ Please list two people <u>who do not live with you</u> who might be able to help us contact you if we lose touch. Name: _____ Relationship to you: _____ Phone: _____ Address: _____ Email: _____ Name: _____ Relationship to you: _____ Phone: _____ Address: _____ Email: _____	
<b>Academic Information</b>	
Date first began post-secondary education (mm/yyyy): _____ If other than UWO (name of institution); _____ Are you currently in school for your first bachelor's degree:        Yes        No	

### Academic Information (continued)

Date of UWO Enrollment (mm/dd/yyyy): \_\_\_\_\_

Major(s): \_\_\_\_\_ Minor(s): \_\_\_\_\_

Total number of credits completed: \_\_\_\_\_ Number of credits this semester: \_\_\_\_\_

Current academic advisor: \_\_\_\_\_

Department: \_\_\_\_\_

Cumulative GPA: \_\_\_\_\_

Classification:       Sophomore       Junior       Senior       Super Senior

Anticipated month and year of graduation: \_\_\_\_\_

Have you ever participated in any of the following programs? Check all that apply.

- Talent Search
- Student Support Services
- Upward Bound Math/Science
- UWO Honors Program

### Extracurricular Activities

In each box, write the number of hours per week you currently are enrolled in each activity.

Extracurricular Activity	Position and/or Type of Activities/Work	Hrs/week
On Campus Employment		
Off Campus Employment		
Honor Societies		
Professional Organizations		
Sorority or Fraternity		
Volunteer Work		
Other		

### Eligibility

First Generation:     Yes     No

*(Note: The definition of "first generation college student" is that my parents or guardians with whom I resided prior to my 18<sup>th</sup> birthday did not receive a baccalaureate degree (i.e. Bachelor of Arts – BA, Bachelor of Science – BS) from a college or university, OR that if my parents attended college outside the U.S. and the degree attained is not considered to be the equivalent of a BA or BS).*

Citizenship:       US Citizen       Permanent Resident (*documentation may be required*)

Ethnicity or Cultural Group:

Asian American       Alaska Native       African American       Caucasian

Native Hawaiian/Pacific Islander       Hispanic Heritage       Native American/American Indian

**Eligibility (continued)**

Are you a US Military Veteran?  Yes  No

Do you have a physical or learning disability?  Yes  No  
If yes, please specify: \_\_\_\_\_

**Research Interests**

List two names of UWO professors in your field of study with whom you may like to work.

Name: \_\_\_\_\_ Department: \_\_\_\_\_

Name: \_\_\_\_\_ Department: \_\_\_\_\_

**Family Information**

**Parent/Guardian's Name:** \_\_\_\_\_

Does this individual live with the family?  
 Yes  No

**Preferred pronoun:** She  He  They

Highest level of education (check one):

- Some high school
- High school diploma
- Some college
- Associate's degree
- Bachelor's degree
- Master's degree
- Other: \_\_\_\_\_

**Parent/Guardian's Name:** \_\_\_\_\_

Does this individual live with the family?  
 Yes  No

**Preferred pronoun:** She  He  They

Highest level of education (check one):

- Some high school
- High school diploma
- Some college
- Associate's degree
- Bachelor's degree
- Master's degree
- Other: \_\_\_\_\_

**Financial Information**

Please complete the UW Oshkosh McNair Program Eligibility Certification Form located at the end of the application.

### Commitment to Graduate Education

What will be your first anticipated semester of enrollment in graduate studies? \_\_\_\_\_

What will be your field of study in graduate school? \_\_\_\_\_

Please assess your current commitment to graduate education (check all that apply):

- I am thinking about graduate school and would like help in exploring my options.
- I plan to go to graduate school but not immediately after graduation.
- I will go to graduate school immediately after graduation but will need financial assistance.
- I will go to graduate school immediately after graduation, with or without financial assistance.
- I am determined to get a Master's degree, but I am not certain about a Ph.D.
- I am determined to get a Ph.D.
- I plan to complete the following degrees: \_\_\_\_\_

### Needs Assessment

Please check the services, programming, and assistance that you believe you need most, in order to be successful in graduate school. Check as many boxes as needed:

- Tutoring in these subjects: \_\_\_\_\_
- Preparation for the GRE
- Information about the graduate school application process
- Assistance preparing a personal statement & applications for graduate admissions
- Graduate school visits
- Information about financial aid & paying for graduate school
- Help in choosing graduate school programs or institutions
- Improvement in time management or organizational skills
- Undergraduate research experience
- Other: \_\_\_\_\_

## Personal Statement

Your typed personal statement/essay should be two pages, double-spaced, and answer the following questions/prompts:

- 1) Discuss your short- and long-term career goals and how a graduate degree will help you achieve these goals.
- 2) Based on what you know about the McNair Program, why do you wish to become a McNair scholar?
- 3) What personality characteristics do you feel you possess that make you ideally suited for a program like McNair, which requires incredible dedication and participation in numerous workshops and seminars?
- 4) What prospective research topic(s) or areas do you wish to explore as a McNair Scholar at UWO?
- 5) Describe any academic work (classes, research, and internships) and/or experiences that have prepared you for dedicating a summer to your research?

## Final Checklist

Please attach the following to this application:

- Your statement of purpose
- Financial tax forms

## Certification

I certify all the above information to be true, and I hereby authorize the McNair Scholars Program to obtain any education records and information, as deemed appropriate by the McNair Scholars Program staff.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

Please review the complete form to make sure every question is answered. Incomplete applications may not be considered. Questions are to be directed to Cordelia Bowlus: bowlusc@uwosh.edu



The UW Oshkosh McNair Scholars Program is 100% funded through a TRIO grant from the United States Department of Education PR/Award Number P217A170088. For 2017/2018, the UW Oshkosh McNair Scholars Program received \$230,864 in federal funds.

# MCNAIR SCHOLARS PROGRAM AT UW OSHKOSH AUTHORIZATION FOR RELEASE OF INFORMATION

The McNair Scholars program at UW-Oshkosh is funded by the United States Department of Education, which requires that we collect and annually report certain information about participants' academic performance and achievement. The reporting period begins when a participant is admitted to the program and ends *ten* years after the participant is awarded a baccalaureate degree.

The McNair Scholars Program staff may request the following information by phone, fax, e-mail, letter, or in person:

- Copies of undergraduate grades and transcripts, including class schedules and degrees earned at UWO and other institutions
- Copies of official or unofficial results of standardized tests (e.g., GRE, LSAT, MCAT, etc.)
- Copies of Student Aid Report (SAR) and Free Application for Federal Student Aid (FAFSA)
- Copies of financial aid application & verification including signed tax returns and W-2 statements and/or IRS tax transcripts
- Copies of financial aid award letters and any other financial aid information on file with respective academic institutions
- Copies of disability-related accommodations or diagnoses (if applicable)
- Information concerning the status of graduate school and program admissions application(s)
- Information verifying enrollment in and/or graduation from a postsecondary institution
- Any other academic records that verify admission to, attendance or status at, and/or separation from a postsecondary institution.

**I authorize the release of academic and financial aid information for the student listed including, but not limited to, the information listed above to the McNair Scholars Program at UW Oshkosh for thirteen (13) calendar years from the date of my signature. I also authorize the McNair Scholars program staff to release this information to third parties for reporting purposes, when necessary. My signature below also gives the McNair Scholars program permission to use my photographs, videos, and testimonials to promote the program.**

\_\_\_\_\_  
Student Name (print)

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Student Name (signature)

\_\_\_\_\_  
Date Signed

Ronald E. McNair Scholars Program  
University of Wisconsin-Oshkosh  
Cordelia Bowlus, Director  
800 Algoma Blvd, Halsey 320  
Oshkosh, WI 54901  
mcnair@uwosh.edu  
(920) 424-7306



RONALD E. MCNAIR  
SCHOLARS PROGRAM



**First Letter of Recommendation Form**

**Part A: To be completed by the Applicant**

Name: \_\_\_\_\_  
Last First Middle

Proposed Graduate Program or Department \_\_\_\_\_ Degree \_\_\_\_\_

I agree that the recommendation I am requesting shall be held in confidence by officials of the University of Wisconsin-Oshkosh, and I hereby waive any rights I may have to examine it.  Yes  No

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

**Part B: To be completed by the Recommender**

The McNair Scholars Program prepares students of first-generation and low-income backgrounds and/or students from underrepresented groups for graduate study. Being a McNair scholar requires a deep commitment as participants are expected to participate in workshops and seminars, attend lectures, study for the GRE, complete a faculty-mentored research internship, and present at conferences. **Your assessment of the applicant’s character and promise as a scholar will assist the McNair Program in selecting the most qualified and capable applicants. Please fill out the summary evaluation and include a short statement providing examples as to why this student would or would not make an outstanding McNair scholar.**

How long have you known the Applicant? \_\_\_\_\_

In what capacity do you know the Applicant? \_\_\_\_\_

**Application Deadline: Friday, November 30, 2018 at 5:00 PM**

**Statement:**

**Summary Evaluation:**

Applicant's promise as a graduate student in comparison with others of similar age and experience	Below Average <i>Lowest 40%</i>	Average <i>Middle 20%</i>	Above Average <i>Next 15%</i>	Very Good <i>Next higher 10%</i>	Outstanding <i>Almost Top 5%</i>	Truly Exceptional <i>Top 5%</i>	Inadequate Opportunity to Observe
Research aptitude							
Intellectual potential							
Ability to work with others							
Creativity and imagination							
Maturity							
Self-confidence							
Reliability							
Oral communication skills							
Written skills							
Ability to analyze and formulate a solution							
Motivation for proposed program of study							
Potential as a teacher							
Potential for career advancement							

**Please indicate the strength of your overall endorsement.**

- Not recommended
  Recommended with some reservations
  Recommended
  Highly recommended

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Position: \_\_\_\_\_

Academic Dept. or Office: \_\_\_\_\_

**Please send or e-mail this form to**

Cordelia Bowlus, McNair Director  
 800 Algoma Blvd, Halsey 320  
 Oshkosh, WI 54901  
 bowlusc@uwosh.edu  
 (920) 424-7306



RONALD E. MCNAIR  
SCHOLARS PROGRAM



Second Letter of Recommendation Form

Part A: To be completed by the Applicant

Name: \_\_\_\_\_  
Last First Middle

Proposed Graduate Program or Department \_\_\_\_\_ Degree \_\_\_\_\_

I agree that the recommendation I am requesting shall be held in confidence by officials of the University of Wisconsin-Oshkosh, and I hereby waive any rights I may have to examine it.  Yes  No

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Part B: To be completed by the Recommender

The McNair Scholars Program prepares students of first-generation and low-income backgrounds and/or students from underrepresented groups for graduate study. Being a McNair scholar requires a deep commitment as participants are expected to participate in workshops and seminars, attend lectures, study for the GRE, complete a faculty-mentored research internship, and present at conferences. **Your assessment of the applicant’s character and promise as a scholar will assist the McNair Program in selecting the most qualified and capable applicants. Please fill out the summary evaluation and include a short statement, providing examples as to why this student would or would not make an outstanding McNair scholar.**

How long have you known the Applicant? \_\_\_\_\_

In what capacity do you know the Applicant? \_\_\_\_\_

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Research aptitude							
Intellectual potential							
Ability to work with others							
Creativity and imagination							
Maturity							
Self-confidence							
Reliability							
Oral communication skills							
Written skills							
Ability to analyze and formulate a solution							
Motivation for proposed program of study							
Potential as a teacher							
Potential for career advancement							

**Please indicate the strength of your overall endorsement.**

- Not recommended
  Recommended with some reservations
  Recommended
  Highly recommended

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Position: \_\_\_\_\_

Academic Dept. or Office: \_\_\_\_\_

**Please send or e-mail this form to**

Cordelia Bowlus, McNair Director  
 800 Algoma Blvd, Halsey 320  
 Oshkosh, WI 54901  
 mcnair@uwosh.edu  
 (920) 424-7306

## UW Oshkosh McNair Program Eligibility and Earnings Certification

Applicant Name (Last, First, MI):
Certifying Individual's Name (Last, First) (if different from Applicant):

**Instructions:** Determine applicant's status below; complete Section A; read the certification; sign and date the form; and return it to the McNair Program office.

**Household Size and Income Information:**

What is your federal tax filing status according to your most recently filed federal taxes?

- Independent    You are Independent if **ANY** of the following conditions apply to you:
- You were 24 years of age on or before December 31<sup>st</sup> of last year;
  - You have a dependent child or parent;
  - You are a member or veteran of the US Armed Forces; or
  - At any time since you turned 13, both of your parents were deceased, you were in foster care, or you were a dependent or ward of the court.

If **Independent**, the **Applicant** must certify and sign this form.

- Dependent    You are a Dependent if **ALL** of the following conditions apply to you:
- You were under the age of 24 on December 31<sup>st</sup> of last year;
  - You do not have a dependent child;
  - You are not a member or veteran of the U.S. Armed Forces; or
  - At any time since you turned 13, one or both of your parents were living, you were not in foster care, nor were you a dependent or ward of the court.

If **Dependent**, the **tax filer** (parent or guardian) must certify and sign this form.

Household size:

How many people are in your household (If **Independent**, include yourself, your spouse, and any other dependents). If **Dependent**, include yourself, your parents or guardians, and all other dependents)?

- |                          |    |
|--------------------------|----|
| <input type="checkbox"/> | 1  |
| <input type="checkbox"/> | 2  |
| <input type="checkbox"/> | 3  |
| <input type="checkbox"/> | 4  |
| <input type="checkbox"/> | 5  |
| <input type="checkbox"/> | 6  |
| <input type="checkbox"/> | 7  |
| <input type="checkbox"/> | 8+ |

Federal Taxable Income:

What was last year's Federal **Taxable Income** (for yourself if Independent, your parents or guardians if dependent) (Line 6 of Form 1040EZ; Line 27 of Form 1040A; or Line 43 of Form 1040)?

- |                          |                      |
|--------------------------|----------------------|
| <input type="checkbox"/> | under \$18,210       |
| <input type="checkbox"/> | \$18,211 to \$24,690 |
| <input type="checkbox"/> | \$24,691 to \$31,170 |
| <input type="checkbox"/> | \$31,171 to \$37,650 |
| <input type="checkbox"/> | \$37,651 to \$44,130 |
| <input type="checkbox"/> | \$44,131 to \$50,610 |
| <input type="checkbox"/> | \$50,611 to \$57,090 |
| <input type="checkbox"/> | \$57,091 to \$63,570 |
| <input type="checkbox"/> | over \$63,571        |

You would be considered to come from a 'Low-Income background' if the Federal Taxable income you indicated is equal to, or less than, the dollar range given for the family size you indicated. For example, for a family size of 4, the Federal Taxable Income maximum allowed would be \$37,650

SECTION A: Income and Household Size

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For the most recent tax year, I certify that the household Taxable Income (found on Line 6 of Form 1040EZ; Line 27 of Form 1040A; or Line 43 of Form 1040) was: \$\_\_\_\_\_, and the number of people in the household was:\_\_\_\_\_.

**Certification: I certify that all the information provided in the above sections is true, correct, and complete to the best of my knowledge.**

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Certifying Individual's Signature

Date

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**For Office Use Only:**

Student meets financial eligibility requirement based on self-reported household income levels.

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McNair Director Signature

Date