Ronald E. McNair Post-baccalaureate Achievement Program

McNair Scholars 2019 – 2020 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: Monday, December 2, 2019 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
### 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

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<thead>
<tr>
<th>Yes</th>
<th>No</th>
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<td></td>
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<tr>
<td>Neither of my parents have completed a four-year degree.</td>
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<tr>
<td>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>)</td>
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<tr>
<td>I am a citizen or permanent resident of the United States, or I have INS documentation of intent to become a citizen.</td>
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<tr>
<td>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.</td>
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<tr>
<td>I have a strong desire to pursue a graduate degree—Master’s or PhD.</td>
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<tr>
<td>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.</td>
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#### Part B

<table>
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<tr>
<td>I am a member of an ethnic/racial group traditionally underrepresented in graduate education: African American, Hispanic, Native American, or Pacific Islander.</td>
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<tr>
<td>I am a citizen or a permanent resident of the United States, or I have INS documentation of intent to become a citizen.</td>
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The University of Wisconsin Oshkosh – McNair Scholars Program
2019 – 2020 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.

### Applicant Information

<table>
<thead>
<tr>
<th>Last Name: _______________________</th>
<th>First Name: ___________________</th>
<th>Middle Name: _________</th>
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</thead>
<tbody>
<tr>
<td>Student ID #:______________________</td>
<td>Age: ______</td>
<td>Legal Sex: Male Female</td>
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<tr>
<td>Date of Birth: ___________________</td>
<td>Email: ________________________</td>
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<thead>
<tr>
<th>Local (campus) Address:</th>
<th>Permanent (parent) Address:</th>
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<tbody>
<tr>
<td>Street Address:_________</td>
<td>Street Address:______________</td>
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<tr>
<td>City: _________________</td>
<td>State: _____ Zip: ________</td>
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<tr>
<td>Phone:__________________</td>
<td>Phone:______________________</td>
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<tr>
<th>Emergency Contact Name: ___________________________</th>
<th>Emergency Contact Phone: ____________________________</th>
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Please list two people who do not live with you who might be able to help us contact you if we lose touch.

<table>
<thead>
<tr>
<th>Name: ____________________________</th>
<th>Relationship to you: ___________________</th>
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<tr>
<td>Phone: ____________________________</td>
<td>Address: _______________________________</td>
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<tr>
<td>Email: ____________________________</td>
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<table>
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<tr>
<th>Name: ____________________________</th>
<th>Relationship to you: ___________________</th>
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<tr>
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<td>Address: _______________________________</td>
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<tr>
<td>Email: ____________________________</td>
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### Academic Information

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<tr>
<th>Date first began post-secondary education (mm/yyyy):</th>
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<tr>
<td>If other than UWO (name of institution):</td>
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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.

<table>
<thead>
<tr>
<th>Extracurricular Activity</th>
<th>Position and/or Type of Activities/Work</th>
<th>Hrs/week</th>
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</thead>
<tbody>
<tr>
<td>On Campus Employment</td>
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<td>Off Campus Employment</td>
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<td>Honor Societies</td>
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<td>Professional Organizations</td>
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<td>Sorority or Fraternity</td>
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<td>Volunteer Work</td>
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<td>Other</td>
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</table>

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 18th 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)

<table>
<thead>
<tr>
<th>Are you a US Military Veteran?</th>
<th>□ Yes</th>
<th>□ No</th>
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<tr>
<td>Do you have a physical or learning disability?</td>
<td>□ Yes</td>
<td>□ No</td>
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<tr>
<td>If yes, please specify:</td>
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</table>

### Research Interests

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

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<tr>
<th>Name:</th>
<th>Department:</th>
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<table>
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<tr>
<th>Name:</th>
<th>Department:</th>
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</table>

### Family Information

<table>
<thead>
<tr>
<th>Parent/Guardian’s Name:</th>
<th>Parent/Guardian’s Name:</th>
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<table>
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<tr>
<th>Does this individual live with the family?</th>
<th>□ Yes</th>
<th>□ No</th>
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<tbody>
<tr>
<td>Preferred pronoun: She □ He □ They □</td>
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<tr>
<th>Highest level of education (check one):</th>
<th>Highest level of education (check one):</th>
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<tr>
<td>□ Some high school</td>
<td>□ Some high school</td>
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<tr>
<td>□ High school diploma</td>
<td>□ High school diploma</td>
</tr>
<tr>
<td>□ Some college</td>
<td>□ Some college</td>
</tr>
<tr>
<td>□ Associate’s degree</td>
<td>□ Associate’s degree</td>
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<tr>
<td>□ Bachelor’s degree</td>
<td>□ Bachelor’s degree</td>
</tr>
<tr>
<td>□ Master’s degree</td>
<td>□ Master’s degree</td>
</tr>
<tr>
<td>□ Other: ____________________________</td>
<td>□ Other: ____________________________</td>
</tr>
</tbody>
</table>

### Financial Information

In order to establish your eligibility for the McNair Program, you are required to share your financial information. Please complete the UW Oshkosh McNair Program Eligibility Certification Form located at the end of the application. **Tax forms can be submitted in lieu of this certification, but please remove all social security numbers.**
**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 or Earnings Certification
- For non-citizens: Documentation of permanent residency or INS documentation of intent to become a citizen.

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 2019/2020, the UW Oshkosh McNair Scholars Program received $251,506 in federal funds.
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
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: Monday, December 2, 2019 at 5:00 PM

Statement:
### Summary Evaluation:

<table>
<thead>
<tr>
<th>Applicant’s promise as a graduate student in comparison with others of similar age and experience</th>
<th>Below Average</th>
<th>Average</th>
<th>Above Average</th>
<th>Very Good</th>
<th>Outstanding</th>
<th>Truly Exceptional</th>
<th>Inadequate Opportunity to Observe</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Minimum</td>
<td>Lowest 40%</td>
<td>Middle 20%</td>
<td>Next 15%</td>
<td>Next higher 10%</td>
<td>Almost Top 5%</td>
<td>Top 5%</td>
</tr>
</tbody>
</table>

- 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
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.

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<tbody>
<tr>
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<td>Maturity</td>
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<td>Self-confidence</td>
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<td>Reliability</td>
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<td>Oral communication skills</td>
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<td>Written skills</td>
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<td>Ability to analyze and formulate a solution</td>
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<td>Motivation for proposed program of study</td>
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<td>Potential as a teacher</td>
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<td>Potential for career advancement</td>
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</table>

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) (parent or guardian if student is a dependent):

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 31st 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 31st 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)?

☐ 1  ☐ No taxes filed.
☐ 2  ☐ Equal to or under $18,735
☐ 3  ☐ $18,736 to $25,365
☐ 4  ☐ $25,366 to $31,995
☐ 5  ☐ $31,996 to $38,625
☐ 6  ☐ $38,626 to $45,255
☐ 7  ☐ $45,256 to $51,885
☐ 8  ☐ $51,886 to $58,515
☐ More than 8  ☐ $58,516 to $65,145
  Add the following amount for each additional family member: $6,630
  ☐ 65,145 + ____________________

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)?

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 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

☐ 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 ____________________________.

☐ For the most recent tax year, I certify that the household had no taxable income and, therefore, no taxes were filed. 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.

Certifying Individual’s Signature (parent or guardian if student is a dependent): Date

For Office Use Only:

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

☐ Student does NOT meet financial eligibility requirement based on self-reported household income levels, but is eligible based on ethnicity.

☐ Student does NOT meet financial eligibility requirement based on self-reported household income levels AND is NOT eligible based on ethnicity. Student is INELIGIBLE for the McNair Program.

McNair Director Signature Date