LAMAR UNIVERSITY

MCNAIR SCHOLARS PROGRAM

APPLICATION 2017-2018



Application Deadline: Friday, December 15, 2017

Applications can be sent electronically using this form or delivered to the McNair Scholars Program office in the Communication Building, Suite 106.

Only completed applications will be accepted.





PERSONAL INFORMATION									
Social Security N	Number		Last Name	First Na	Name MI DOB			Gender	
	Mailing A	Address		Permanent Address					
NUMBER & STREET				NUMBER & STREET					
APARTMENT				APARTMENT					
CITY				CITY					
STATE				STATE					
ZIP CODE				ZIP CODE					
Telephon	Telephone Number Cell Phone		Number		E-mail Address				
Cit	tizenship (Check o	ne)*	Ethnic Background					
☐ United States Cit	izen or Natio	onal		☐ African-America	n/Black				
☐ Permanent Unite	d States Res	sident	ent 🗆 Hispanic						
☐ Permanent Guam, Northern Mariana Islands, or Trust ☐			☐ Caucasian						
Territory of the Pacific Islands Resident			☐ American Indian						
☐ Freely Associated States Resident			☐ Alaskan Native						
, □ Other			☐ Native Hawaiian						
_ Other				☐ Native America	n Pacific Island	er			
_ Other				☐ Native American☐ Asian	n Pacific Island	er			
otile!					n Pacific Island	er			
□ Otrici				☐ Asian	n Pacific Island	er			

Did someone claim you on his or her income taxes, such as a parent, or did you file independently and claim yourself? If someone else claimed you, fill out the 'Dependent' section; if you claimed yourself, fill out the 'Independent' section. * If you still have questions about your status, contact the LU Financial Aid Office. **Dependent Independent**

FINANCIAL INFORMATION

What size is your parents' household, including you? What size is your household, including you, spouse, and/or other dependents? Did you file a federal income tax return for the previous Did your parents file a federal income tax return for the past year? ☐ YES ☐ NO year? ☐ YES ☐ NO If **yes**, what was their taxable income? \$_ If **yes**, what was your taxable income? \$___ If **no**, place a "0" on this line. If **no**, place a "0" on this line.

All information requested in this application is used to determine the applicant's eligibility for the McNair Scholars Program. All information received is handledand treated with strict confidentiality. If you have any questions about this application, please speak with the McNair Program Director.

^{*}Please attach a copy of the tax return to this application showing the taxable income claimed. Your application cannot be processed without a copy of this. If taxes were not filed, place a "0" on the taxable income line above.

FAMILY EDUCATIONAL BACKGROUND								
Highest Educational Attainment of Mother (circle highest grade completed)								
Highest Grade Completed		6 7 8 9						
College Degree Earned:			Doctorate		lated\			
	nest Educational Att			st grade compl	letea)			
Highest Grade Completed			-					
College Degree Earned:	□ bacheiors □	Master's □	Doctorate					
		DDOGDAM DA	RTICIPATION					
Have you n	previously participat			of the following	g programs?			
☐ SSS (Student Support S		eu (or eurren	try detrive) in any c	or the following	g programs:			
☐ INSPIRED (INcreasing	•	in REsearch De	velopment)					
☐ Lamar University Hono			,					
☐ TALH (Texas Academy	of Leadership in the H	lumanities)						
☐ STAIRSTEP (Students A	Advancing through Inv	olvement in Re	search Student Taler	nt Expansion Pro	gram)			
	El	DUCATIONAL	INFORMATION					
Majo	r	De	epartment		College			
Cumulative GPA	Major GPA	Complete	d Semester Hours	Classifica	tion (FR, SOPH, JR, SR)			
			T					
What is your anticipated								
Do you plan to attend gra	aduate school?		☐ Yes	□No	☐ Unsure			
If unsure, why?								
Do you plan to obtain a M								
Do you plan to obtain a D								
If so, what is your intended	ed graduate school dis	cipline?						
What are your reasons fo	r nursuing a doctorate	2						
what are your reasons to	r pursuing a doctorate							
What universities are you	interested in applying	to for graduate	e school?					
Which of the following be	est describes your com	mitment to atte	nd graduate school?	•				
☐ I am thinking about a	attending graduate sch	nool and would	like to explore option	ns.				
☐ I am attending gradu								
☐ I have made a firm commitment to attend graduate school immediately after receiving my bachelor's degree.								
	commitment to attend of	graduate schoo	l immediately after r					
☐ I have made a firm c		graduate schoo a master's deg	l immediately after r ree, but I am unsure	about a doctor				

This program is currently designed for students seeking Masters, PhDs, or combination MD/PhDs. We cannot accept students seeking strictly Law, Medical, or Pharmacy degrees at this time.

SUPPORT MATERIALS

In addition to the information you provided on this form, you must submit the following support materials to complete your application packet:

Personal Statement: Your personal statement is a vital part of this application. Please attach a typed, double-spaced essay of 300-500 words that describes your academic and career goals. Please explain why you are interested in obtaining a doctorate, the area you are interested in studying, and why you think that participating in the McNair Program can help you reach those goals. Describe any obstacles you have overcome, stretches you wish to make, challenges you foresee, and plans you have to meet those challenges. Be sure to communicate how committed you are to achieving those goals.

Writing Sample: Please include an academic essay from any one of your previous courses at Lamar. If you are a transfer student, you may use an essay from that university. Choose an essay that you feel best highlights your writing strengths and critical thinking skills.

Two recommendation letters: Recommendation letters must be from faculty members in your major, department, or college who can best assess your ability for academic research and your motivation to attend graduate school. Each letter must be signed and placed in a sealed envelope, with the faculty member's signature written across the sealed flap of the envelope. Ask each person writing a recommendation for you to send his/her letter directly to the McNair Program (at the address given at the beginning of the form) or directly to you, for submission with this form. Please identify the faculty members who will be sending recommendation letters on your behalf:

Recommendation 2

Recommendation 1

Name

Title/Position		
Department		
Telephone Number		
	APPLICANT CHECKLIST	
Only applicants whose application pact Scholars Program. To be complete, application	-	
 ☐ Have you completed, signed, and dated t ☐ Have you attached a photocopy of you or ☐ Have you attached a photocopy of INS do ☐ Have you attached your personal statemed ☐ Have you attached your writing sample? ☐ Have you asked two faculty members to so 	r your parents' most recent federal income ocumentation, if you are not a United State ent?	es citizen?
AUTHOR	IZATION, AFFIRMATION, AND SIGNA	TURE
The foregoing information is true to the best Program of Lamar University to secure or rele information from the Registrar's and Financia	of my knowledge. I authorize the Ronald I ease transcripts, standardized test results,	E. McNair Scholars and financial aid
Applicant's Signature & Date:		
Please note how you heard about our progra	ım:	

	FACULTY REC	COMMENDATIO	N FORM				
To be completed by applicant:							
Due date: December 15, 2017	Student's Nam	ıe:					
Graduate Discipline or Interest:							
To be completed by the recommen	der:						
The McNair Scholars Program is designed	ed to prepare acad	demically talented	l undergraduates	for the rigors of g	raduate school.		
The applicant above is applying for adm		~	·	•			
applicant's ability to carry on advanced	•	•	• • • •		• •		
professional promise. Please feel free to	·		•				
aptitude and preparation for graduate v	vork and present a	academic perform	iance in his/her ar	rea or concentration	on.		
Please rate this applicant relative t	o other student	s whom you ha	ve known in thi	s same field in r	ecent years.		
		Above					
CRITERIA	Superior Top 5%	Average Top 20%	Average	Below Average	No Knowledge		
Motivation for Proposed Program	100070	100 20 70		Average	- Kilowica ge		
Analytical Skills							
Communication Skills – Oral							
Communication Skills – Written							
Ability to Work Independently							
Ability to Work with Others							
Potential for Graduate School Success							
Dependability and Work Ethic							
Self-Motivation/Initiation							
Personal Responsibility							
	nd in what capaci	ty?					
How long have you known this student and in what capacity? What are your general impressions of this student?							
Recommender's Name							
Title/Department							
Signature & Date							

	FACULTY RE	COMMENDATIO	N FORM		
To be completed by applicant:					
Due date: December 15, 2017 Stu	ıdent's Name:				
Graduate Discipline or Interest:					
To be completed by the recommentation of the applicant above is applying for administration prepare academically talented undergrapplicant's ability to carry on advanced professional promise. Please feel free to aptitude and preparation for graduate of the professional promise. Please feel free to aptitude and preparation for graduate of the professional promise.	nission to the McN aduates for the rig studies, as well a o attach a separat work and present	gors of graduate so s of his/her schola te page that would academic perform	chool. We would arship, personality d help further ass nance in his/her a	appreciate your e y, character, integ ess the applicant's rea of concentration	evaluation of the rity, and s academic on.
CRITERIA	Superior Top 5%	Above Average Top 20%	Average	Below Average	No Knowledge
Motivation for Proposed Program		•			
Analytical Skills					
Communication Skills - Oral					
Communication Skills – Written					
Ability to Work Independently					
Ability to Work with Others					
Potential for Graduate School Success					
Dependability and Work Ethic					
Self-Motivation/Initiation					
Personal Responsibility					
How long have you known this student a	·	ity?			
Recommender's Name					
Title/Department					
Signature & Date					

FOR OFFICIAL McNAIR PROGRAM STAFF USE ONLY

DO NOT WRITE ON THIS PAGE

LUID	Last Name	First Name				Middle Initial	
Date application	ı was received:			_			
Date application	was postmarked, if mailed:			_			
Date applicant v	vas notified of receipt of application:			_			
This applicant is	s (Check all that apply):	☐ first	generation	n/low income (m	nust be both)	underrepre	esented
Decision:							
Accept?		☐ Yes		☐ No			
Accept at a later	date?	☐ Yes		☐ No	If yes, date:		
Date applicant v	vas notified of status:			_			
Applicant's resp	oonse to invitation:	☐ Ac	cepted	☐ Declined			
Notes:							