



RONALD E. MCNAIR  
POST-BACCALAUREATE  
ACHIEVEMENT PROGRAM

# Application

*Preparing for a new generation of scholars*

**SUFFOLK UNIVERSITY  
MCNAIR SCHOLARS PROGRAM**

73 Tremont Street  
7th Floor, Suite 7025  
Boston, Massachusetts  
mcnair@suffolk.edu  
Fax: 617.994.6864

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## McNair Application Guidelines

Thank you for your interest in the Ronald E. McNair Scholars Program. Your decision to apply to the program indicates that you recognize the value of pursuing graduate education. As an applicant to the McNair Program, you are responsible for completing all of the attached items and submitting them to the McNair Scholars Office at Suffolk University (Stahl Building, Suite 7025).

Applications will be accepted until all program spaces have been filled. The attached items should be mailed or brought to the Office of Academic Access & Opportunity, 73 Tremont Street, 7<sup>th</sup> Floor, Suite 7025, Suffolk University, Boston, MA 02108. When your application is received, an academic transcript will be requested from the Registrar's Office.

### **Eligibility:**

You must be a U.S. citizen or permanent resident AND qualify in one of the following two ways

1) If you are a first generation college student (neither parent has graduated from a four-year higher education institution) *and* you meet the income guidelines for the program, you may qualify to be a McNair Scholar. The income guidelines are established by the US Department of Education, and are based on federal taxable income and family size. (If you have questions about this process, please do not hesitate to call a staff member for assistance).

**OR**

2) If you are a member of a group that has been historically under-represented in graduate education (African American/ Black, Latino/ Hispanic, American Indian/ Alaskan Native, or Native Hawaiian/ Pacific Islander) you may qualify for the program *without* being a first generation college student, and *you do not* have to meet the income eligibility guidelines. However, you are still required to complete all sections of the application.

We look forward to receiving your completed application, and to meeting with you in person to discuss the benefits of the McNair Scholars Program.

*The McNair Scholars Program is a grant funded through the U.S. Department of Education through the Suffolk University Office of Academic Access & Opportunity*

# *McNair Scholars Program*

## **Selection Criteria**

Although students may be eligible for the program, that does not guarantee selection. Scholars are selected based on the following additional criteria:

- Have a commitment to obtain a doctoral (PhD) degree
- Will have a minimum of 54 credits before the research internship, and complete the research internship before graduation
- Will be able to maintain a cumulative GPA of 3.0 or higher
- Have a commitment to participate in McNair seminars, workshops, and activities until graduation

\* An interview will be scheduled after we receive your application materials and it is determined you meet the minimum program requirements.

## **Application Checklist**

- Personal Data form
- Income Status Verification form
- Certification and Release of Information form
- 2 letters of recommendation (one MUST come from a faculty member from your major)
- Verification of Family Income form (completed by the Financial Aid Office)
- Resume (Including clubs and organizations, work experience, volunteer experience, internships, etc.)
- Writing sample (10 page minimum—this can be a paper from a course taken at Suffolk)
- One-page essay (required topics listed below)

## **One-page Essay**

Type a one-page essay that addresses all of the following areas. This essay must accompany the application.

- Your academic research interests
- Your career goals
- How your participation in the McNair Program will impact your educational/career goals
- Why you want to attend graduate school
- Additional information relevant to this program

**\*\*Submit all application materials to the address on the first page of this packet\*\***

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# McNair Scholars Program

## Personal Data Form, p 1

Full legal name \_\_\_\_\_

Preferred name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_ Gender  M  F

Ethnic Heritage:  African American/ Black  White/ Caucasian  
 Native Hawaiian/ Pacific Islander  American Indian/ Alaskan Native  Asian  
 Latino/ Hispanic of any race  Non Hispanic/Latino only  Other \_\_\_\_\_

Please indicate your citizenship status:  U.S. Citizen  Permanent Resident  
 Other \_\_\_\_\_

Current Address (campus or local residence)

Street \_\_\_\_\_ Apt. No. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Number \_\_\_\_\_ Cell phone number \_\_\_\_\_

Names and relationships of people who you live with \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent or guardian information (if not listed above) \_\_\_\_\_

\_\_\_\_\_

Permanent Address (of parent or guardian, if different from current address)

Street \_\_\_\_\_ Apt. No. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home number \_\_\_\_\_ Cell phone number \_\_\_\_\_

# McNair Scholars Program

## Personal Data Form, p. 2

Suffolk e-mail: \_\_\_\_\_

Other e-mail: \_\_\_\_\_

Which e-mail is the best one for us to reach you at? Circle one.      Suffolk      Other

Do you have a job? Circle one.    Yes    No

Where do you work? \_\_\_\_\_

What is your position? \_\_\_\_\_

How many hours per week do you work during the academic year? \_\_\_\_\_

List any other colleges/universities you have attended.

1) Institution \_\_\_\_\_

Location \_\_\_\_\_ From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_

2) Institution \_\_\_\_\_

Location \_\_\_\_\_ From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_

What is your current class standing? ( ) Freshman      ( ) Sophomore      ( ) Junior      ( ) Senior

How many total cumulative credit hours have you earned? \_\_\_\_\_

How many credit hours are you currently registered for? \_\_\_\_\_

What is your anticipated graduation date? \_\_\_\_\_

What is your major/minor? \_\_\_\_\_

What is your cumulative grade point average? \_\_\_\_\_

I certify the above information is correct.

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

# McNair Scholars Program

## INCOME STATUS VERIFICATION

The following information should be taken from the appropriate income tax statements (Tax Form 1040, 1040A or 1040EZ). You must also submit the Verification of Family Income form (last page of packet) to the Financial Aid Office.

**To determine whether you are considered a dependent or independent student, please review your parent or guardian's tax statement.**

A. If you are a **dependent**, check the appropriate circle below

Filing Status of Dependent Applicant:

- Single                       Married, Filing Jointly                       Married, Filing Separately
- Did not have to file

B. If you have **independent** status, check the appropriate triangle below

Filing Status of Independent Applicant (you must use the same status as reported on your FAFSA):

- Single or Head of Household                       Married, Filing Jointly                       Married, Filing Separately
- Did not have to file

C. Write in Applicable Taxable Income Amounts and total family annual taxable income (note: this amount is different from your gross income).

Dependent students must submit tax information for themselves AND their parent(s), spouse or legal guardian.

Applicant \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_

Spouse \_\_\_\_\_ Legal Guardian \_\_\_\_\_

**TOTAL INCOME** \_\_\_\_\_

I certify the above information is correct:

Signature \_\_\_\_\_ Date \_\_\_\_\_

**ONLY U.S. CITIZENS AND PERMANENT RESIDENTS ARE ELIGIBLE TO APPLY**

# *McNair Scholars Program*

## **Certification of First Generation, Citizenship Status and Release of Information**

I certify that none of my parents or guardians has earned a four-year college degree.

Signature \_\_\_\_\_ Date \_\_\_\_\_

I certify that I am a citizen of the United States; a permanent resident of the United States; in the United States for other than a temporary purpose and able to provide evidence from the Immigration and Nationalization Service of my intent to become a permanent resident; or a permanent resident of the Trust Territory of the Pacific Islands, Guam, or the Northern Mariana Island.

Signature \_\_\_\_\_ Date \_\_\_\_\_

I certify that the information provided on this application is true to the best of my knowledge, and I understand that any omission or misrepresentation of facts or failure to provide information will automatically disqualify me from consideration for acceptance into the program.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## **Release of Information**

I authorize the Suffolk McNair Scholars Program to provide information to or to receive information from other educational institutions regarding reported standardized test scores, acceptance and attendance dates, and progress being made towards the attainment of my current and future academic pursuits.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Application material and questions should be directed to:

McNair Scholars Program  
73 Tremont Street  
7<sup>th</sup> Floor, Suite 7025  
Boston, MA 02108

# McNair Scholars Program

## RECOMMENDATION FORM

Instructions: The student named below is applying to participate in the Suffolk McNair Scholars Program. In the space assigned in the *Additional Comments* section, please include any information that would help assess the applicant's potential for this program. When completed, return the form directly to the McNair Scholars Program, 73 Tremont Street, 7<sup>th</sup> Floor, Suite 7025, Boston, MA 02108. Please call our office if you have any questions, (617) 994-6863.

Letter of reference for:

---

Applicant's Last Name

First

Middle

Reference completed by:

---

Name

---

Title

Address

Phone

In what capacity have you known this student?

---

For how long?

---

In which of your classes has this student enrolled and what grade did s/he receive?

---

**Please rate this applicant relative to other students whom you have known in this same field in recent years:**

CRITERIA	Above Average	Average	Below Average	No Knowledge
Motivation for proposed program study				
Analytical Skills				
Communication Skills				
-Oral				
-Written				
Ability to work independently				
Ability to work with others				
Potential for graduate school success				
Self-motivation				
Social sensitivity				
Personal Responsibility				

Additional Comments:

---

Signature

---

Date

# McNair Scholars Program

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Phone

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In which of your classes has this student enrolled and what grade did s/he receive?

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Analytical Skills				
Communication Skills				
-Oral				
-Written				
Ability to work independently				
Ability to work with others				
Potential for graduate school success				
Self-motivation				
Social sensitivity				
Personal Responsibility				

Additional Comments:

---

Signature

---

Date

# McNair Scholars Program

## VERIFICATION OF FAMILY INCOME

I authorize \_\_\_\_\_ Office of Financial Aid to verify my  
Name of institution

Parent/guardian taxable income and family size for tax year 2011.

This information will be used as part of the admissions selection process for the McNair Post Baccalaureate Scholars Program.

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Student ID#

### The following information must be provided by your institutions' Office of Financial Aid

Our records show the above named student's parent/guardian **taxable** income and family size for tax year 2011 is:

Parent/Guardian Reported Taxable Income \_\_\_\_\_

Family Size \_\_\_\_\_

\_\_\_\_\_  
Name of Financial Institution

\_\_\_\_\_  
Office Phone Number

\_\_\_\_\_  
Signature of Financial Aid Official

\_\_\_\_\_  
Date

#### Please return form to:

**Judy Benson, Associate Director**  
**McNair Scholars Program**  
**73 Tremont Street**  
**7<sup>th</sup> Floor, Suite 7025**  
**Boston, MA 02108**  
**Phone: (617) 994-6863**  
**Email: [jbenson@suffolk.edu](mailto:jbenson@suffolk.edu)**

Please note: If you are a transfer student, the financial aid office at your previous institution must complete this form.