

RONALD E. MCNAIR POSTBACCALAUREATE PROGRAM APPLICATION



The following information is required for program statistics and will be kept confidential.

PERSONAL INFORMATION

Name (Last, First, Middle)			
Address (Street or PO Box)			
(City, State, Zip Code)			
Phone () ()	Cell Phone () ()	E-mail	
Birthdate (mm/dd/yy) / /	Age	NJIT ID#	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Citizenship: <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Permanent Resident (If applicable, please provide documentation) <input type="checkbox"/> Other (specify) _____			
Veteran: <input type="checkbox"/>			

CONTACT INFORMATION ***Please provide the name and address of your parents or nearest relative***

Name (Last, First, Middle)	
Address (Street or PO Box)	Phone () ()
(City, State, Zip Code)	

FIRST GENERATION DOCUMENTATION

Educational attainment of mother:				
<input type="checkbox"/> Jr. High	<input type="checkbox"/> High School	<input type="checkbox"/> 2-Year College	<input type="checkbox"/> 4-Year College	<input type="checkbox"/> Graduate Degree
Educational attainment of father:				
<input type="checkbox"/> Jr. High	<input type="checkbox"/> High School	<input type="checkbox"/> 2-Year College	<input type="checkbox"/> 4-Year College	<input type="checkbox"/> Graduate Degree

ELIGIBILITY (Check all that apply)

<input type="checkbox"/> I am interested in/or already are majoring in a STEM field.
<input type="checkbox"/> My cumulative GPA is 3.0 or _____.
<input type="checkbox"/> I am a low-income student according to Federal TRIO income guidelines.
<input type="checkbox"/> Neither my parent(s) obtained a bachelor's degree.

EDUCATIONAL INFORMATION

Current class standing (check one): <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior			
Expected class standing by next semester (check one): <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior			
Major : _____		Department : _____	
Major GPA: _____	Expected Graduation Date : _____	Do you plan to apply to graduate school?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If YES, when do you anticipate on attending: <input type="checkbox"/> Fall 20____ <input type="checkbox"/> Spring 20____ <input type="checkbox"/> Summer 20____			

EDUCATIONAL INFORMATION (Continued)

What graduate institution(s) and program(s) particularly interest you?

Institution: (1) _____ (2) _____ (3) _____

Program: (1) _____ (2) _____ (3) _____

FINANCIAL INFORMATION

Are you currently receiving financial aid?: Yes No

For financial aid purposes, are you considered dependent or independent?: Dependent Independent

If *dependent*, complete **Section A**. If *independent*, complete **Section B**.

For purposes of documentation, please attach a photocopy of federal income tax form 1040, 1040A, or 1040EZ, whichever is appropriate, and if applicable, a copy of your most recent financial aid form. (Acceptable documentation of the latter includes a photocopy of your most recent FAFSA, or award letter from your college or university.)

SECTION A

On whose taxes were, you claimed last year? (Check one): both parents mother father other (specify) _____

What is the size of the household, including yourself? _____

How many exemptions did your parents claim? _____

What was their **taxable income** for last year? _____ (If no taxable income, place a "0".)

****Include a copy of most recent tax returns, include parents if dependent.***

SECTION B

On whose taxes were, you claimed last year? (Check one): self spouse other (specify) _____

What is the size of your household, including yourself, your spouse, and/or other dependents? _____

What was your **taxable income** for last year? _____ (If no taxable income, place a "0".)

PERSONAL STATEMENT

On a separate sheet, please type a comprehensive description covering the following points:
(Please use separate paragraphs to address these issues.)

- **Academic goals**
- **Specific research interests**
- **What you hope to accomplish through participation in the McNair Program.**
- **Post-Ph.D. career goals**

This statement should be at least two pages in length, signed and dated.

RECOMMENDATIONS (See attached forms)

Using the attached forms, provide two letters of recommendation assessing your motivation and preparation to undertake graduate study. One of the letters **must** be from a faculty member in your academic major.

RECORDS RELEASE STATEMENT AND SIGNATURE

My signature below indicates that, to the best of my knowledge, the information given in this application is true, complete, and accurate. I also give permission to the New Jersey Institute of Technology McNair Program staff to request my transcript, financial aid, and registration records in order to obtain the information necessary to act upon my application. I understand that these materials will be kept in strict confidence and not released to anyone else.

Applicant signature: _____

Date: _____

How did you hear about the McNair Scholars Program?

faculty

friend

other TRIO program

other (specify) _____

APPLICATION CHECKLIST

I have:

Completed, signed and dated the application;

Included two recommendation forms;

Personal Statement;

Enclosed a copy of my parent'(s) or guardian'(s) federal income tax form **or**, if independent, a copy my personal federal income tax form for the most recent tax year; and

Enclosed a copy of an unofficial NJIT transcript.

Submit this application and supporting documents to:

Ms. Zara Williams
 Assistant Director/Counselor
 Ronald E. McNair Postbaccalaureate Achievement Program
 Campus Center, 3rd Floor, Room 388
 150 Bleeker Street, University Heights
 Newark, N.J. 07102-1981

(973)596-5590
 www.mcnair.njit.edu

For Official Use

Eligible: Yes No

Status: Low Income
 First-generation
 Underrepresented