# 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 Phon	le	E-mai	il					
Birthdate (mm/dd/yy)	Age	NJIT ID#						Gender Mal	le 🗌 Female
Citizenship:	ident (If ap	plicable, please provid	e documen'	tation) [	Other (speci	fv)			
Race / Ethnic Heritage:									
American Indian / Alaskan Nativ Black / African American White / Caucasian	Nat	an ive Hawaiian / Other Pa panic / Latino	acific Island	ler	Other				
CONTACT INFORMATION *	**Please	provide the nam	ne and ac	dress	of your pai	rents or	neares	st relative	***
Name (Last, First, Middle)									
Address (Street or PO Box)							Phone		
(City, State, Zip Code)									
FIRST GENERATION DOCU	MENTA	TION							
Educational attainment of mother	:								
Jr. High High School		2-Year College	4-Year	College	Graduate	Degree			
Educational attainment of father:	Π.					_			
Jr. High High School	2	2-Year College	4-Year	College	Graduate	Degree			
ELIGIBILITY (Check all that	apply)								
I am interested in/or already are My cumulative GPA is 3.0 or I am a low income student accord Neither my parent(s) obtained a	ding to Fee	deral TRIO income guid	lelines.						
EDUCATIONAL INFORMAT	ON								
Current class standing (check one):	Sopho	more	Senior						
Expected class standing by next sen	nester (che	eck one): 🗌 Sophomo	ore 🗌 Jun	ior 🗌 S	enior				
Major :		Der	partment :						
Major GPA: Expec	ted Gradu	ation Date :	Do y	<u>ou plan tc</u>	apply to grad	luate scho		es	No
If YES, when do you anticipate on attending: Fall 20 Spring 20 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 <b>taxable income</b> 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 <b>taxable income</b> for last year? (If no taxable income, place a "0".)									
PERSONAL	PERSONAL STATEMENT								
TERCONAL									

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 STATMENT 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.

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 from 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