



**APPLICATION**

**STUDENT**

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

**A. Personal Information**

Full Legal Name: \_\_\_\_\_ Banner ID#: \_\_\_\_\_

Local address (number, street, apartment, city, state, zip code)

Telephone Number: \_\_\_\_\_

Permanent Address (number, street, apartment, city, state, zip code)

Permanent Telephone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Bronco Email: \_\_\_\_\_ Alternate E-mail: \_\_\_\_\_

Gender:  Female  Male Marital Status:  Single  Married  Divorced

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Birth Place: \_\_\_\_\_

What is your citizenship status?  US citizen  US Permanent resident

*\*(if permanent resident, please provide copy of INS documentation)*

Are you military affiliated?  Yes  No

If yes, state affiliation:  Active Duty  Reserves  Dependent Child  Spouse

**B. Academic Information**

First enrollment date in a postsecondary education (may or may not be FSU): \_\_\_\_\_

College: \_\_\_\_\_ Major: \_\_\_\_\_ Minor: \_\_\_\_\_

Enrolled in a dual degree program?  Yes  No If yes, list program: \_\_\_\_\_

Year:  Sophomore  Junior  Senior Date degree expected: \_\_\_\_/\_\_\_\_/20\_\_\_\_

Would you consider yourself a nontraditional student (e.g., work full time, are financially independent, have children or dependents other than your spouse, are a single parent, and/or did not continue your education immediately after high school)?  Yes  No

Will you, at least, have a sophomore standing by May of the current academic year?  Yes  No

Total credit hours completed as of today's date: \_\_\_\_\_

Grade Point Average (GPA) in Major: \_\_\_\_\_ Overall GPA: \_\_\_\_\_

Expected field of graduate study: \_\_\_\_\_

Do you want to earn a Ph.D.?  Yes  No

Which academic program degree do you intend to pursue after completing your Bachelor's Degree:

Ph.D.  M.D./Ph.D.  J.D.  Masters  Other \_\_\_\_\_

Please list the course grades you have received in your major:

Course # & title	Grade	Course # & title	Grade

Please name two references and their contact information below. However, it is applicant's responsibility to make sure that the McNair office receives reference letters. At least one letter should come from a faculty member who knows your academic and/or research work.

\_\_\_\_\_  
Name Department/office Phone

\_\_\_\_\_  
Name Department/office Phone

Briefly indicate your specific experience in independent research, lab experience and/or independent study:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list any academic honors and/or award(s) received (include date received):

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Briefly state your educational and career goals:

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### C. Additional Information

Briefly indicate your involvement in extracurricular activities. Include clubs, scholarship/grant programs, work-study, internships, co-ops, volunteer, community service, work experiences, etc.

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Are you enrolled in the Honors Program?  Yes  No

Can you speak/write/read a language other than English, (if so, list)? \_\_\_\_\_

Please indicate if you are participating/have previously participated in any of the following programs:

<input type="checkbox"/> Student Support Services (SSS)	<input type="checkbox"/> Upward Bound	<input type="checkbox"/> Educational Opportunity Centers (EOC)
<input type="checkbox"/> Veteran's Upward Bound	<input type="checkbox"/> Educational Talent Search (ETS)	<input type="checkbox"/> Upward Bound Math & Science
<input type="checkbox"/> Gear Up	<input type="checkbox"/> McNair Scholars Program	<input type="checkbox"/> Early College Program
<input type="checkbox"/> OpTIMUM	<input type="checkbox"/> FSU RISE	<input type="checkbox"/> CHEER
<input type="checkbox"/> Other (describe):		

### D. Eligibility

#### I. First generation

What is the highest level of education attained by your parents or guardian?

Mother:  Elementary;  Middle;  High School;  Some College;  Bachelor's;  Graduate;

Professional degree

Father:  Elementary;  Middle;  High School;  Some College;  Bachelor's;  Graduate;  
 Professional degree

Guardian:  Elementary;  Middle;  High School;  Some College;  Bachelor's;  Graduate;  
 Professional degree

Who did you regularly live with prior to your 18<sup>th</sup> birthday?

Mother;  Father;  Other (describe) \_\_\_\_\_

## II. Low-income

For financial aid purposes are you considered independent or dependent?

Independent (go to section A)  Dependent (go to section B)

Section A:

Number of household members, including you, spouse, and/or other dependents:

Did you file a federal tax return last year?  Yes  No

If yes, what was your taxable income? (Line 39 on the IRS 1040 Form)  
\$ \_\_\_\_\_

If no, place "0" on the line above.

Section B:

Number of household members, including yourself:

Did you parent(s) file a federal tax return last year?  Yes  No

If yes, what was your family's taxable income? (Line 39 on the IRS 1040 Form)  
\$ \_\_\_\_\_

If no, place "0" on the line above.

Are you eligible for financial aid?

Yes  No  
If yes, what type?  Pell grant;  Loan;  Other (describe): \_\_\_\_\_

## III. Underrepresented

Ethnicity:

Hispanic/Latino  Other

*(Hispanic/Latino refers to Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race)*

Race:

American Indian or Alaska Native  Asian  Black or African American

Hispanic or Latino  White  Native Hawaiian or other Pacific Islander

Other response (describe): \_\_\_\_\_

**IV. Additional documents required to complete application:**

- Include a copy of a signed US or Puerto Rico Income Tax Return Form (self or parents if dependent). Tax Return Forms can be either 1040, 1040A, or 1040 EZ.
- Include official and unofficial transcripts. Transcripts from transfer institutions must be official and include GPA.
- Attach a personal statement (2 pp. max). Please see application instructions on the website for more details on how to complete this essay.
- Two sealed and completed recommendation forms (available online). These forms must come from faculty members, preferably in your major.
- **Submit these documents to FSU McNair Scholars Program, Lyons Science Room 208.**

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**Please review your application and sign below:**

*By signing this application, you are agreeing that all of the information on this application is true and accurate to the best of your knowledge. You are also agreeing to allow Fayetteville State University to solicit further information as needed from various offices and departments both on and off campus. This information will be kept confidential and will only be used as part of selection, membership, and alumni purposes for the Fayetteville State's McNair Post-Baccalaureate Achievement Program.*

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director

\_\_\_\_\_  
Date