



STUDENT APPLICATION

Date: _____

A. Personal Information

First Name: _____ Middle Name: _____ Last 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: _____

Birth Date: ____/____/____ Birth Place: _____

Gender: Female Male Marital Status: Single Married Divorced

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
 Veteran

B. Eligibility

I. First generation

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

Mother:

Elementary Middle High School Some College Associate Degree Bachelor's
 Graduate Professional degree (M.D., J.D., D.C., D.D.S, D.D.M, O.D., D.O., Pharm.D., D.V.M)

Father:

Elementary Middle High School Some College Bachelor's
 Graduate Professional degree (M.D., J.D., D.C., D.D.S, D.D.M, O.D., D.O., Pharm.D., D.V.M)

Guardian:

- Elementary Middle High School Some College Associate Degree Bachelor's
 Graduate Professional degree (M.D., J.D., D.C., D.D.S, D.D.M, O.D., D.O., Pharm.D., D.V.M)

Who did you regularly live with prior to your 18th 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)

Click the link to see the criteria for classification.

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 15 on the IRS Form1040) \$ _____

If the [income threshold](#) to file taxes was not met, then enter 0 as the taxable income.

Section B:

Number of household members, including yourself: _____

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

If yes, what was your family's taxable income? (Line 15 on the IRS Form 1040) \$ _____

If the [income threshold](#) to file taxes was not met, then enter 0 as the taxable income.

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): _____

C. Academic Information

Did you transfer from a community college? Yes No Did you transfer from a four-year institution? Yes No
Do not answer yes, if you were in an early college program or the career and college promise program.

First enrollment date at previous higher education institution: _____

First enrollment date at Fayetteville State University State: _____

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 be classified as a Junior 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. or Ed.D.? Yes No

Which academic program degree do you intend to pursue after completing your Bachelor's Degree:
 Ph.D./Ed.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

Do you already have a bachelor's degree? Yes No

Please name two references and their contact information below. However, it is the 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):

Briefly state your educational and career goals:

D. 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.

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 or 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"/> SSS-STEM & Health Sciences	<input type="checkbox"/> U-RISE	<input type="checkbox"/> Scientific Research Preparatory Mentoring Program
<input type="checkbox"/> Other (describe):		

IV. Additional documents required to complete application:

- Include a copy of a signed US 1040 (pages 1-2 only) or Puerto Rico Income Tax Return Form for yourself if you are classified as an independent student; if you are a dependent student, submit your parents' tax form.
- Include official transcripts if you transferred from another institution and unofficial FSU 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, and one recommender must have a doctoral degree.
- **Submit these documents to FSU McNair Scholars Program, Lyons Science Annex, Room 224B.**

Please review your application and sign below:

By signing this application, you agree that all of the information on this application is true and accurate to the best of your knowledge. You also agree 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 Fayetteville State’s McNair Post-Baccalaureate Achievement Program.

Signature of applicant

Date

Director

Date