

I. Applicant Information *(Please print or type information)*

Name: _____
Last First Middle

Current Address: _____

City: _____ State: _____ Zip Code: _____

Primary Phone Number (best way to reach you): _____

Permanent Home Address: _____

City: _____ State: _____ Zip Code: _____

Permanent Home Phone Number: _____ Email: _____

Banner ID: @ _____ Social Security # _____ Gender (circle): Male Female

Date of Birth: _____ Place of Birth: _____

Citizenship (check one): US Citizen Permanent Resident Other

Ethnicity (check all that are applicable):

African American Hispanic Asian Native American

Caucasian Other (specify): _____

II. Educational Information

List the names of all colleges and universities attended:

School Name	Enrolled From (Month/Year)	Enrolled To (Month/Year)

**Please attach a copy of official transcripts for all colleges previously attended, or arrange for transcripts to be sent to the IUP McNair Scholars Program by the posted deadline date.*

What is your current academic major(s) (and minor(s)): _____

What is your current GPA? Cumulative _____ Major _____

What is your expected graduation date? _____

How many credits have you completed, to date? _____ Sophomore year completion date: _____

IUP McNair Scholars Program
Indiana University of Pennsylvania
430 Sutton Hall
Indiana, PA 15701-1087

Phone: (724) 357-3033
Fax: (724) 357-3034

Are you a first-generation college student? Yes No

Federal guidelines stipulate that an applicant must only consider the educational status of his or her parents to determine status as a first-generation college student. If an applicant, prior to the age of 18, regularly resided with and received support from only one parent, consider only the educational status of that parent.

Do you intend to apply to graduate school? Yes No

What is the highest degree objective you seek?

- Masters Professional Doctorate (JD, MD, DVM, etc.)
 Academic Doctorate (Ph.D. or Ed.D.) Uncertain

Other (specify) _____

Which of the following best describes your commitment to attend graduate school (check one)?

- I would like to explore options for possibly attending graduate school.
 I would like to work for one or two years before attending graduate school.
 I intend to enroll in a master's program immediately after I receive my bachelor's degree.
 I intend to enroll to a master's program immediately after receiving a bachelor's degree, after which I will apply to a doctoral program.
 I intend to enroll in a MA/Ph.D., a JD/Ph.D., or another joint program immediately after receiving a bachelor's degree.
 I want to pursue a professional (JD/MD/DVM) degree in graduate school.

Other: _____

What is your proposed field of graduate study? _____

Which universities particularly interest you for graduate study? _____

If you have had prior research experience in a university setting, briefly describe what you accomplished and name the professor(s) with whom you worked.

III. Family Information

Father's Name: _____
Last First Middle

Highest grade completed (High school and college): _____

College degrees earned: None Bachelor's Masters Professional (JD, MD) Doctorate

Mother's Name: _____
Last First Middle

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College degrees earned: None Bachelor's Masters Professional (JD, MD) Doctorate

IV. Financial Information

Are you currently eligible to receive financial aid? Yes No
If you receive financial aid, please attach a photocopy of your most recent financial aid statement. This includes your university financial letter (available on URSA) and a photocopy of your most recent Free Application for Student Aid (FAFSA).

With regard to financial aid, are you considered to be of dependent or independent status? (FAFSA guidelines require that an independent student is 24 years of age or older, or falls into special circumstances, such as being a veteran or married. Please contact the IUP McNair office if you have questions regarding this distinction).

Dependent Independent

If dependent, complete Box A. If independent, complete Box B. Please attach a photocopy of the appropriate federal income tax return.

Box A – Dependent	Box B - Independent
What is the size of your parent(s)' household, including yourself, your parents, and other dependents? _____ Did your parent(s) file a federal income tax last year? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what was your parent(s)' taxable income? IRS Form 1040-Line 37 _____ IRS Form 1040A-Line 22 \$ _____ IRS Form 1040EZ-Line 6 _____	What is the size of your household, including yourself, spouse, and other dependents? _____ Did you file a federal income tax return last year? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what was your taxable income? IRS Form 1040-Line 37 _____ IRS Form 1040A-Line 22 \$ _____ IRS Form 1040EZ-Line 6 _____

V. Additional Requirements for Applicants

A minimum of two letters of recommendation from faculty members in an academic department is required of all applicants. If you wish to submit a third letter of recommendation from another faculty source, such as a counselor, staff member, or member of the community, you are welcome to do so. Remind each recommender to send the letter directly to the IUP McNair Scholars Program Office. Please list the names, titles, and phone numbers of those submitting letters of recommendation on your behalf:

1. _____

Name	Title	Phone	Email
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2. _____

Name	Title	Phone	Email
------	-------	-------	-------
3. _____

Name	Title	Phone	Email
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Statement of Purpose:

The Statement of Purpose is required of all applicants. Please describe your strengths and weaknesses of your preparation for graduate study, your reasons for wishing to undertake graduate study at the doctoral level, and your career objectives. Provide your personal insights as to why you should be selected for participation in this program and what you expect to gain from this experience.

In addition, please identify the contributions that you wish to make to your chosen field of study as well as to your community. You should address each of these topics in a typed statement not to exceed 1,000 words and attach the statement to this application.

VI. Additional Information

Is there an IUP professor in your proposed field of study whom you feel would agree to become a mentor for the McNair summer research opportunity? Yes No

If yes, please state the professor's name and department: _____

Please indicate what areas of research interest you with regard to the McNair summer research opportunity: _____

Please briefly describe how you learned about the IUP McNair Scholars Program.

I certify that the information provided herein is complete and accurate to the best of my knowledge and that any misrepresentation may be cause for refusing selection. I realize that awards under the IUP McNair Scholars Program are subject to receipt of Department of Education funding by Indiana University of Pennsylvania. I understand that, if selected to receive a scholarship, I will adhere to and satisfy all conditions of the IUP McNair Scholars Program. Additionally, I give my permission to use my name and address for purposes that the University deems necessary in achieving the goals of this program.

Signature: _____ Date: _____

Indiana University of Pennsylvania is an equal opportunity/affirmative action employer committed to excellence through diversity.

Please return completed application, financial aid statement, federal income tax return, and official transcript(s) to the IUP McNair Scholars Program office.

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Participant Application Checklist

Keep this checklist for your information.

Review your IUP McNair Scholars Program Participant Application to be certain that it is completed in full.

Attach a photocopy of the appropriate Federal Income Tax Return.

Attach a photocopy of your most recent FAFSA form and your Indiana University of Pennsylvania Financial Aid award letter.

Attach an official transcript from each college and University previously attended

OR arrange for an official transcript from each college and university to be sent to the IUP McNair Program office.

Date transcript was requested: _____

Date transcript was sent: _____

Deliver the Recommendation Forms to 2 faculty members, and, if desired, to a third member of the university or community.

To whom?	When?	Verified that the recommendation was completed and mailed by the application deadline?
1.		
2.		
3.		

Complete and include your personal statement.

Thank you for your interest in the IUP McNair Scholars Program. We look forward to reviewing your application. Potential McNair Scholars will be asked to interview with members of the selection committee.

For further information, please contact the IUP McNair Scholars office at (724) 357-3033.