Ronald E. McNair Post-Baccalaureate Achievement Program

Applicant's Name: ____________________________________________

St. Lawrence University

The Ronald E. McNair Post-Baccalaureate Achievement Program is funded by a federal grant, under TRIO Programs, from the U.S. Department of Education. Grant requirements specify that, of the students selected for the St. Lawrence program each year, 2/3 will be low-income, first-generation college students, and that the remaining 1/3 will be from an ethnic group that is underrepresented in graduate study as stipulated by the U.S. Department of Education.

Program Application

Whitman Annex - Rm 14
Canton, NY 13617

Phone: (315) 229-5605
Program Application Guidelines

Thank you for your interest in the St. Lawrence University McNair Scholars Program. Your decision to apply to the program indicates that you recognize the value of pursuing graduate education. As an applicant to the Program, you are responsible for completing all of the attached items and submitting them to the McNair Program Office at St. Lawrence University. **You must request an official transcript be sent to the McNair Program Office.** Please note, if you owe the University money, your transcript will be held and the McNair Office will not receive your transcript as requested.

Applications will be accepted on an ongoing basis until **December 31, 2015 or all positions are filled.** Only complete applications will be reviewed and it is the student's responsibility to ensure required materials are submitted. The attached items should be mailed or brought to the McNair Office, Whitman Annex - Room 14.

**Eligibility Requirements:** You are eligible to apply for the Ronald E. McNair Postbaccalaureate Achievement Program if you are a citizen of the United States or have permanent resident status *and* you are a full time student at St. Lawrence University. You also must meet the following criteria:

1) If you are a first generation college student (neither parent has graduated from a four-year higher education institution)

   **AND**

   you meet the income guidelines for the program, you may qualify. Complete the income eligibility form attached to see if you meet the income guidelines established by the U.S. Department of Education. (If you have questions about this process, please do not hesitate to call a staff member for assistance.)

   **OR**

2) If you are a member of one of the following historically under-represented groups in graduate education, including African American, Native American (Native Alaskan or Native Hawaiian), or Hispanic/Latino, you may qualify for the program *without* being a first generation college student and *you do not* have to meet the income eligibility guidelines. However, you are still required to complete that section of the application.

**Current Federal Low-Income Levels** (Effective January 28, 2015 until further notice)

<table>
<thead>
<tr>
<th>Size of Family Unit</th>
<th>48 Contiguous States, D.C., and Outlying Jurisdictions</th>
<th>Alaska</th>
<th>Hawaii</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$17,655</td>
<td>$22,080</td>
<td>$20,325</td>
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<tr>
<td>2</td>
<td>$23,895</td>
<td>$29,880</td>
<td>$27,495</td>
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<td>$30,135</td>
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<td>$36,375</td>
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<td>6</td>
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<td>7</td>
<td>$55,095</td>
<td>$68,880</td>
<td>$63,345</td>
</tr>
<tr>
<td>8</td>
<td>$61,335</td>
<td>$76,680</td>
<td>$70,515</td>
</tr>
</tbody>
</table>
For family units with more than eight members, add the following amount for each additional family member: $6,240 for the 48 contiguous states, the District of Columbia and outlying jurisdictions; $7,800 for Alaska; and $7,170 for Hawaii.

The term "low-income individual" means an individual whose family's taxable income for the preceding year did not exceed 150 percent of the poverty level amount.

The figures shown under family income represent amounts equal to 150 percent of the family income levels established by the Census Bureau for determining poverty status. The poverty guidelines were published by the U.S. Department of Health and Human Services in the Federal Register on January 22, 2015.

For McNair, eligible students must be enrolled in an undergraduate degree program at a participating institution. At least two-thirds of all participants must be low-income and first-generation college students. The remaining one-third may consist of members of groups that are underrepresented in graduate education; this includes individuals of African American, Native American (Native Alaskan or Native Hawaiian), or Hispanic/Latino descent. For this 1/3, income level does not factor in.

**Selection Criteria for St. Lawrence University:** Although Students may be eligible for the program, selection for the program is not guaranteed. Scholars are selected based on the additional criteria:

**You must indicate you:**

- Have a commitment to obtain a doctoral (Ph.D.) degree
- Will have a minimum of 16 units before the research internship, and complete the research internship before graduation
- Will be able to maintain a GPA of 3.0 or higher in his/her major and an overall 2.8 or above
- Have a commitment to participate in the McNair Orientation Program and other McNair workshops, seminars and activities until graduation

**Application Checklist:**

- Completed Application Form
- Personal Statement (500-word essay - of no more than 2.5, double-spaced pages in length)
- Official Transcript (You must request that this be sent to our offices from the Registrar)
- Two recommendation letters/forms (to be sent separately by the recommender)
- Signed copy of your federal income tax form (IRS form 1040, 1040A, or 1040EZ) for the year 2014.

Please contact Marsha Sawyer, McNair Scholars Program Director, for additional information. We look forward to receiving your completed application and to meeting with you to discuss the benefits of the Ronald E. McNair Post-Baccalaureate Achievement Program.

**Submit all materials to:**

Marsha Sawyer, Director
McNair Scholars Program
Whitman Annex - Room 14
(315) 229-5605
msawyer@stlawu.edu
<table>
<thead>
<tr>
<th>Name: Last</th>
<th>First</th>
<th>MI</th>
<th>Date of Birth</th>
<th>SSN (# required)</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ U.S. CITIZEN</td>
<td>☐ OTHER STATUS (Please explain)</td>
<td>☐ PERMANENT RESIDENT- RESIDENT ALIEN ID #</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SEX: ☐ MALE</td>
<td>☐ FEMALE</td>
<td>MARITAL STATUS:</td>
<td># OF DEPENDENTS:</td>
<td></td>
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</tbody>
</table>

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<tr>
<th>Campus Address:</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
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</table>

<table>
<thead>
<tr>
<th>Permanent Address:</th>
<th>Street</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
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</table>

<table>
<thead>
<tr>
<th>E-Mail Address</th>
<th>Campus/Cell Phone #</th>
<th>Permanent Phone #</th>
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<tr>
<th>Major(s)</th>
<th>Minor(s)</th>
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<table>
<thead>
<tr>
<th>Class</th>
<th>Standing</th>
<th>Completed</th>
<th>Hours to Date</th>
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</thead>
</table>

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<thead>
<tr>
<th>Units Earned</th>
<th>Expected Graduation Date</th>
<th>Major GPA</th>
<th>Overall GPA</th>
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<tr>
<th>Ethnic Background</th>
<th>☐ Hispanic or Latino</th>
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<tr>
<td>Race</td>
<td>☐ American Indian or Alaskan Native:</td>
</tr>
<tr>
<td>☐ Black or African American:</td>
<td>☐ White:</td>
</tr>
<tr>
<td>☐ Native Hawaiian or Other Pacific Islander:</td>
<td></td>
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<tr>
<td>☐ Other (specify):</td>
<td></td>
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</tbody>
</table>

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<thead>
<tr>
<th>Educational Background</th>
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</thead>
<tbody>
<tr>
<td>Did either of your parents complete a four-year college degree?</td>
</tr>
</tbody>
</table>

If yes, who completed the degree? | ☐ Mother | ☐ Father | ☐ Legal Guardian |

<table>
<thead>
<tr>
<th>Educational Data</th>
</tr>
</thead>
</table>

1. List all higher education institutions you have attended:
   Name of Institution: __________________________ Date(s): __________________________

2. How many semesters have you completed from all higher education institutions? __________________________

3. First semester enrolled at St. Lawrence University (Month/Year): __________________________

4. Did you enroll as a ☐ Freshman ☐ Transfer Student ☐ Transfer Student w/ AA Degree? __________________________

5. St. Lawrence University - Academic Advisor: __________________________

6. At this time, what area most interests you for doctoral studies? __________________________
ELIGIBILITY INFORMATION

I regularly resided with and received support from: [ ] Both Parents [ ] Mother Only [ ] Father Only [ ] Legal Guardian

Provide the following information only for the parent(s) or guardian with whom you regularly resided:

Name of Mother/Guardian: ______________________________________________________________
Last                                      First    MI
Her Highest Grade of Education Completed: <8  9  10  11 1 2 [ ] Associates [ ] Bachelor's [ ] Master's [ ] PhD

Name of Father/Guardian: ___________________________________________________________________
Last                                      First    MI
His Highest Grade of Education Completed: <8  9  10  11 1 2 [ ] Associates [ ] Bachelor's [ ] Master's [ ] PhD

ARE YOU A FIRST-GENERATION COLLEGE STUDENT?  [ ] Yes  [ ] No
First-generation college student means neither parent has a bachelor's degree, nor, if you regularly resided with and received support from only one parent, that parent did not complete a bachelor's degree.

IF YOUR PARENTS CLAIM YOU AS A DEPENDENT:
Including you, how many people are in your household? ________________________________

******************************************************************************

TO BE COMPLETED by MCNAIR OFFICE BASED UPON 1040/FAFSA/Other Financial Aid Information:
Based on federal income tax form, what is the "Total Taxable Income"? ________________________________

******************************************************************************

IF YOU ARE A FINANCIALLY INDEPENDENT STUDENT:
Including yourself, how many people in your household are financially dependent on you?___________

On your federal income tax form 1040 line 43, what is your "Total Taxable Income"?___________
Please, attach a copy of this form.

ARE YOU RECEIVING FINANCIAL AID?  [ ] Yes  [ ] No
If yes, specify type of aid______________________________________________________________

HAVE YOU PARTICIPATED IN:
[ ] Upward Bound  [ ] Talent Search  [ ] HEOP  [ ] EOP  [ ] STEP  [ ] Liberty Partnership Program
[ ] CSTEP  [ ] Student Support Services  [ ] Pre-McNair  [ ] McNair at another College/University

ARE YOU A U.S. CITIZEN?  [ ] Yes  [ ] No
If not, do you have permanent resident status?  [ ] Yes, Registration # ___________________________  [ ] No
PLEASE READ THE FOLLOWING STATEMENT CAREFULLY BEFORE SIGNING:

My signature below indicates that, to the best of my knowledge, I have provided true, complete, and accurate statements on this application. With my signature, I also hereby grant permission to the Ronald E. McNair Post-Baccalaureate Achievement Program at St. Lawrence University to use my name and/or photograph for editorial, promotional, recruitment or educational purposes.

_______________________________________                              _____________________
Signature                                                                                                    Date

Please submit the following information with your application.

**Personal Statement:**

Write a **500-word essay** (of no more than 2.5, double-spaced pages) explaining:

1. Why do you think you want to pursue a Ph.D.?
2. What are your current short-and long-term career goals?
3. How do you think the Ronald E. McNair Post-Baccalaureate Achievement Program can assist you in attaining those goals?
4. What specific research area would interest you the most? (Discuss a possible research topic and mentor/professor with whom you would like to work.)

**Letters of Recommendation:**

List the names and contact information for each individual from whom you have requested letters of recommendation. Provide each individual with the two recommendation sheets found at the end of this packet.

___________________________________________________  ______________________
Faculty/Staff Member/Department           Phone Number

___________________________________________________  ______________________
Faculty/Staff Member/Department           Phone Number
St. Lawrence University  
Ronald E. McNair Post-Baccalaureate Achievement Program

Academic Information Release

I, _____________________________________ give the Ronald E. McNair Post-Baccalaureate Achievement Program permission to retrieve my transcripts and other academic information as necessary. I understand the information will be used for the purpose of advisement and counseling by program staff and grant reports to the U.S. Department of Education. I also understand that any information obtained during counseling sessions is confidential and will not be disclosed without my permission, except when in the judgment of the Director such disclosure may be necessary to protect me or someone else from physical harm.

______________________________
Print Name

______________________________  ________________________
Student Signature                      Date

Press or Performance Release

My signature below indicates that, to the best of my knowledge, I, ______________________________ have provided true, complete, and accurate statements on this application. With my signature, I also hereby grant permission to the McNair Program at St. Lawrence University, its agents, successor, assigns and/or newspapers, radio or television to use my photograph (whether still, motion or television) and recordings of my voice, for publicity of the McNair Program.

______________________________  ________________________
Student Signature                      Date

______________________________  ________________________
Director Signature                                  Date
St. Lawrence University
Ronald E. McNair Post-Baccalaureate Achievement Program

Letter of Recommendation

(To be completed by applicant)

Applicant's Name: _____________________________
Student ID #__________________________________
Email: _______________________________________

The Family Education Rights and Privacy Act of 1974, known as the Buckley Amendment, gives students the right to inspect and review their educational records. You may, however, waive the right to see specific confidential letters.

____ I hereby waive my right to examine this letter and understand that it will not be shared with me.
____ I do not waive my right to examine this letter.

*Failure to sign or indicate waiver status indicates confidentiality by default.*

Signature_____________________________________ Date_______________

(To be completed by Recommender)

Established and funded by the U.S. Department of Education, and named in honor of Challenger space shuttle astronaut Ronald E. McNair, the McNair Program at the St. Lawrence University encourages graduate study by providing participants with a mentored research experience, seminars and workshops on topics germane to the pursuit of the doctoral degree, and opportunities to meet with role models who have obtained the terminal degree.

The above-named student has submitted an application to the McNair Program. In order for us to accurately assess the applicant's qualifications, please answer the following questions as fully as possible. Attach a separate sheet, if needed.

When you have completed this recommendation, please return to:

Marsha Sawyer, Director
McNair Scholars Program
Whitman Annex - Room 14
St. Lawrence University
Canton, NY 13617
Applicant's Name: ____________________________________________________________

1. How long have you known the applicant and in what capacity? (Give dates, if possible.)

2. Please rate the applicant in each attribute/skill listed below in comparison with other students.

<table>
<thead>
<tr>
<th>Attributes/Skills</th>
<th>UPPER 10%</th>
<th>UPPER 25%</th>
<th>UPPER 50%</th>
<th>LOWER 50%</th>
<th>NO BASIS TO ASSESS</th>
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<tr>
<td>Intellectual Ability</td>
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<td>Oral Experience</td>
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3. (For professors of applicants only.) I would rank this applicant in the top_____% of approximately _______ undergraduate students I have taught within the last five years.

4. Recommendation concerning selection for program (check one):

    _____ I recommend the applicant with confidence.
    _____ I recommend the applicant.
    _____ I recommend the applicant with reservation. (Please explain in item #5.)
    _____ I do not recommend the applicant. (Please explain in item #5.)

5. Please attach a separate sheet of paper and provide any additional comments and/or assessments of the applicant's potential. Include any particular strengths and weaknesses. We appreciate your candid appraisal. If you can talk about what you see as the potential for this student to persist in a graduate program, please do.

Signature________________________________________  Date_______________________________________
Name (Print) ______________________________________  Position/Title & Dept._________________________
Institution/Company_______________________________  Phone________________
Address_________________________________________   City____________________   State______________

Please return this form to the McNair Program, Whitman Annex - Room 14.
For additional information contact: Marsha Sawyer, McNair Director, at msawyer@stlawu.edu.
(To be completed by applicant)

Applicant's Name: _____________________________

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