

The McNair Scholars Program 2017 Student Application Packet

The McNair Scholars Program serves students from groups underrepresented in graduate education and first-generation college students from low-income backgrounds, preparing them for graduate studies through scholarly enrichment, exposure to research, and other academic experiences and opportunities. This program is a federal TRiO program funded by a \$225,000 annual grant from the US Department of Education.

McNair Scholars Program Application Checklist

Applications are due March 31, 2017.

Applications will be reviewed by our admissions committee, which will make interview recommendations.

We will invite applicants to interview late April. Decisions on admittance to the program will be made by the end of the spring semester.

To apply, complete and submit **printed hard copies** of the following items to the McNair Program office:

- McNair Scholars Program Application (type into form and **print** - form data are not saved)
- At least one completed Faculty Recommendation Sheet
- Statement of Purpose
- Current Boise State University Transcript (unofficial)
- A completed copy of your 2016 Federal Income Tax Return. If you qualify as a "dependent" on your FAFSA, include a copy of your parent/legal guardian's 2016 Federal Income Tax Return
- Documentation of legal residence, if not a US citizen
- Two year plan, signed by an advisor

A complete application consists of all items listed above and should be submitted together as a packet to:

The McNair office, Riverfront Hall, room 203. If no one is in the office, put the application through mailslot in door.

OR

Mail the completed application to:

**McNair Scholars Program
Boise State University, MS 1720
1910 University Dr.
Boise, ID 83725-1725**

APPLICATION DEADLINE: March 31, 2017

Applicants to the Boise State University McNair Scholars Program must meet the following criteria:

- Be enrolled as an **undergraduate** student at Boise State, seeking a baccalaureate degree
- Be entering the final two years of your major degree program
- Have a minimum cumulative GPA of 3.00 **OR** show significant academic progress toward a 3.00 GPA during the academic year prior to application to the program
- Be a US Citizen or Permanent Resident (eligible for federal financial aid)
- Expect to graduate from Boise State and **immediately** enter an academic graduate program with interest in attaining a PhD (not professional degrees such as MD, JD, DVM, MBA, etc.)
- Meet the criteria for **at least one of the following two primary eligibility categories:**

Category 1:

- Meet the federal low-income criteria indicated in the table below:

Federal Trio Programs: 2017 Low-Income Levels

Size of Family Unit	Taxable Income*
1	\$18,090
2	\$24,360
3	\$30,630
4	\$36,900
5	\$43,170
6	\$49,440
7	\$55,710
8	\$61,980

*Taxable income figures are found on the following lines: 1040EZ, Line 6; 1040A, Line 27; 1040, Line 43

- AND** be a first-generation college student (parents/guardians did not obtain a four-year degree before you turned 18)

Category 2:

- Identify as a member of one of the following ethnic groups that are underrepresented in graduate studies: Black/African American, Hispanic/Latino, American Indian/Alaskan Native, Native Hawaiian/Pacific Islander

Statement of Confidentiality: All information contained in this application is for the purpose of determining the applicant's eligibility for the Boise State University McNair Scholars Program. All information is confidential and protected under the Family Education Rights and Privacy Act of 1974 (FERPA).

I. Applicant Information

Full Legal Name: Last			First	MI	Student ID Number:
Current Address:			City:	State:	Zip:
Permanent Address:			City:	State:	Zip:
<input type="checkbox"/> Female <input type="checkbox"/> Male	Current Phone:	Permanent Phone:	E-mail Address:		
Date of Birth (mm/dd/yyyy):		Place of Birth:	Citizenship (check one):		
			<input type="checkbox"/> Permanent Resident <input type="checkbox"/> US Citizen <input type="checkbox"/> Other (Specify): _____		
Do you identify ethnically as Hispanic/Latino? (check one):					
<input type="checkbox"/> Yes <input type="checkbox"/> No					
How do you identify racially? (Check all that apply, you must check at least ONE box):					
<input type="checkbox"/> American Indian/Alaskan Native		<input type="checkbox"/> Asian		<input type="checkbox"/> Black/African American	
<input type="checkbox"/> White		<input type="checkbox"/> Native Hawaiian/Pacific Islander			
What is your primary language?			Other languages?		

II. Financial Information

On your FAFSA, are you an independent student? Yes <input type="checkbox"/> No <input type="checkbox"/>		If Yes, complete <i>Your Taxable Income</i> below. If No, complete <i>Your Parents' Taxable Income AND Your Taxable Income</i> below.
<i>Your Taxable Income</i> * from 2016 Tax Return**: \$ _____		<i>Parents' Taxable Income</i> * 2016 Tax Return**: \$ _____
Number of dependents claimed on 2016 return: _____		Number of dependents claimed on 2016 return: _____
<input type="checkbox"/> I will not file (submit a non-filer's form available from our office)		
*1040EZ, Line 6; 1040A, Line 27; 1040, Line 43 **Include a copy of your and/or your parents' 2016 Federal Income Tax Return		
How many hours do you work per week on average? (If not presently employed, state "zero.") _____		

III. Family Information

Father's/Guardian's Legal Name:	Highest Grade Completed:	<input type="checkbox"/> 8 or lower	<input type="checkbox"/> 9-11	<input type="checkbox"/> 12	<input type="checkbox"/> Some college
	College Degree(s) Earned:	<input type="checkbox"/> Bachelor's	<input type="checkbox"/> Master's	<input type="checkbox"/> Doctorate	
Mother's/Guardian's Legal Name:	Highest Grade Completed:	<input type="checkbox"/> 8 or lower	<input type="checkbox"/> 9-11	<input type="checkbox"/> 12	<input type="checkbox"/> Some college
	College Degree(s) Earned:	<input type="checkbox"/> Bachelor's	<input type="checkbox"/> Master's	<input type="checkbox"/> Doctorate	
<i>Please provide the names and permanent addresses of three people who will know how to contact you in the future:</i>					
Name of Relative/Permanent Contact:		Relationship to Applicant:		Phone:	
Current Address:		City:		State: Zip:	
Name of Relative/Permanent Contact:		Relationship to Applicant:		Phone:	
Current Address:		City:		State: Zip:	
Name of Relative/Permanent Contact:		Relationship to Applicant:		Phone:	
Current Address:		City:		State: Zip:	

IV. Educational Information

Are you currently enrolled at Boise State?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Current Major(s):	Degree Sought: <input type="checkbox"/> B.A. <input type="checkbox"/> B.S.	Expected graduation date (mm/yy):
Total Credits Completed:	Current Class Standing: <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior		Cum GPA:	GPA in Major:
				Semester GPA SP16: FA16:
Are you a transfer student to BSU? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, from which institution(s)?		Date of first enrollment at Boise State (mm/yy):	
Indicate date you first enrolled in college (mm/dd/yy):	Name of your academic advisor:		When did you last meet with her/him? (mm/yy):	

Which fields of graduate study interest you?

Highest Degree Objective:
 Uncertain Master's PhD EdD Professional Doctorate (JD, MD, DVM., etc.) Other: _____

How did you learn of our program?

Classroom visit Faculty Fellow Student McNair Scholar
 McNair Staff Open House TRiO Staff Other:

Additional Information:

Have you participated in any of the following federal programs?

TRiO Educational Talent Search TRiO Upward Bound TRiO EOC
 TRiO Student Success Program (SSS) CAMP

If you have given any thought to graduate programs you might attend, please list them here:

If you have prior research experience in a university setting, briefly describe your tasks and accomplishments and name the professor(s) with whom you worked:

V. Statement of Purpose

On one, single-spaced page, please explain why you believe you need to become a McNair Scholar to successfully transition into graduate school. We are particularly interested in your family background, your educational experiences to date, your passion for your field of study, and your career objectives. We advise you carefully draft this statement and keep to the page-length noted. Writing a strong, clear, and concise statement of purpose demands thoughtful planning and much revision.

VI. Two Year Academic Plan to Graduation

Outline your academic plan for the final two years of your bachelor's degree program. Refer to your Academic Advisement Report from myBoiseState and meet with your advisor to gain final approval and signature. If your graduation plans exceed two years, you should contact us to discuss your application timeline.

Major: _____ # Credits earned: _____ # Credits currently enrolled in: _____

Fall 2017		
Course:	Credits:	
		<input type="checkbox"/> Required <input type="checkbox"/> Elective
		<input type="checkbox"/> Required <input type="checkbox"/> Elective
		<input type="checkbox"/> Required <input type="checkbox"/> Elective
		<input type="checkbox"/> Required <input type="checkbox"/> Elective
		<input type="checkbox"/> Required <input type="checkbox"/> Elective
MCNAIR JUNIOR SEMINAR A ED-CIFS 406 Upper division elective	3	<input checked="" type="checkbox"/> Required <input type="checkbox"/> Elective

Spring 2018		
Course:	Credits:	
		<input type="checkbox"/> Required <input type="checkbox"/> Elective
		<input type="checkbox"/> Required <input type="checkbox"/> Elective
		<input type="checkbox"/> Required <input type="checkbox"/> Elective
		<input type="checkbox"/> Required <input type="checkbox"/> Elective
		<input type="checkbox"/> Required <input type="checkbox"/> Elective
MCNAIR JUNIOR SEMINAR B ED-CIFS 407 Upper division elective	3	<input checked="" type="checkbox"/> Required <input type="checkbox"/> Elective

Summer 2018		
McNair Research Institute:	Credits:	
INDEPENDENT STUDY 496 Upper division credit IN YOUR MAJOR No other courses to be taken	3	<input checked="" type="checkbox"/> Required <input type="checkbox"/> Elective

Fall 2018		
Course:	Credits:	
		<input type="checkbox"/> Required <input type="checkbox"/> Elective
		<input type="checkbox"/> Required <input type="checkbox"/> Elective
		<input type="checkbox"/> Required <input type="checkbox"/> Elective
		<input type="checkbox"/> Required <input type="checkbox"/> Elective
		<input type="checkbox"/> Required <input type="checkbox"/> Elective
MCNAIR SENIOR SEMINAR A ED-CIFS 408 Upper division elective	1	<input checked="" type="checkbox"/> Required <input type="checkbox"/> Elective

Spring 2019 - GRADUATION		
Course:	Credits:	
		<input type="checkbox"/> Required <input type="checkbox"/> Elective
		<input type="checkbox"/> Required <input type="checkbox"/> Elective
		<input type="checkbox"/> Required <input type="checkbox"/> Elective
		<input type="checkbox"/> Required <input type="checkbox"/> Elective
		<input type="checkbox"/> Required <input type="checkbox"/> Elective
MCNAIR SENIOR SEMINAR b ED-CIFS 409 Upper division elective	1	<input checked="" type="checkbox"/> Required <input type="checkbox"/> Elective

Advisor's Signature _____

Total Hours: _____ (120 minimum)

Advisor's Name _____

VII. Program Participation Statement

I understand that participation in the Boise State McNair Scholars Program is both an academic year and summer commitment. If selected as a McNair Scholar, I will be expected to enroll in appropriate seminars, internships, and independent studies as defined by the program. I will also be expected to maintain satisfactory academic progress, take the Graduate Record Exam (GRE), and apply to graduate school with the intent to immediately enter a graduate program upon completion of my bachelor's degree. The McNair Scholars Program will assist me in these tasks. If my goals change so that they no longer include graduate school, I will notify the program coordinator immediately.

I understand that as part of the Summer Research Institute, I will be expected to submit a proposal and a research article, perform 10 weeks of research, and present my research at a conference. Program staff will assist me in these tasks. I understand that I will receive a stipend of \$2,800 for my full participation in the Summer Research Institute and that fees will be waived for three credits of independent study. I understand that failure to fulfill these program obligations may result in repayment or charge to my student account of some or all of the research funds and support provided me by the Boise State McNair Program.

I understand that a central part of my role as a Boise State McNair Scholar will be to participate in good faith in the creation and maintenance of a scholarly learning community among program participants, staff, and faculty mentors. I commit myself to this goal as an active "citizen" of the McNair Scholars learning community at Boise State and all that this entails.

Signature: _____

Date: _____

VIII. Program Release Statement

This release form enables the Boise State McNair Scholars Program to obtain necessary academic and personal information and records, including grade reports and transcripts, admission and enrollment, financial aid eligibility and awards, US residency status, demographic and contact information, for the purpose of determining eligibility, developing education plans, and recording and collecting program statistics. I authorize Boise State McNair Scholars Program to use information and images related to my program participation in newsletters, web pages, and other program-related publications. This information may be shared with the US Department of Education and Boise State University and McNair Program personnel in accordance with federal regulations and university policy.

My signature below indicates that I hereby authorize the release of my academic and personal records to the McNair Scholars Program at Boise State University for the purpose of serving my needs and meeting its federal regulations. I also hereby attest that, to the best of my knowledge, the information given in this application is true, complete, and accurate.

Signature: _____

Date: _____

IX. Faculty Recommendation

*Apart from the section indicated below, this is to be completed by a **faculty member** who is familiar with your academic abilities and who can assess your potential to succeed in graduate school. Include completed forms with signatures across sealed envelopes in your completed application packet. Make additional copies of this form as necessary.*

This section to be completed by the applicant.

Applicant's Full Legal Name _____

Boise State Student ID Number _____

Anticipated Field of Graduate Study _____

In accordance with the Family Educational Rights Privacy Act of 1974 (FERPA), applicants may waive their rights to see faculty recommendations. Please indicate your choice and sign on the appropriate line below.

I waive my right to see this recommendation

I retain my right to see this recommendation

Signature: _____ Date: _____

The named student is applying to the Boise State McNair Scholars Program, which prepares select undergraduate students for future admission to doctoral programs. McNair Scholars participate in a variety of academic enrichment and scholarly activities, including original research. We are interested in your assessment of the applicant's potential for success in graduate school, given appropriate preparation and opportunities. You may include a letter recommending this student if you like. Please return the recommendation to the applicant in a sealed and signed envelope.

- How long have you known the applicant and in what capacity?

- What is your general appraisal of the applicant's promise as a graduate student and aspiring scholar?

	Outstanding	Excellent	Good	Average	Unable to Assess
Self-Discipline & Commitment					
Initiative					
Integrity					
Creativity					
Maturity					
Academic Aptitude & Potential for Grad Work					
Present Academic Performance in Field					
Motivation for Proposed Program of Study					
Potential for Positive Contributions to a Learning Cohort/Community					

Signature: _____ Date: _____

Name: _____ Title: _____

Address: _____ Daytime Phone: _____