



TRiO

RONALD E. McNAIR
POST-BACCALAUREATE
ACHIEVEMENT PROGRAM

GEORGIA SOUTHERN UNIVERSITY

RONALD E. McNAIR POSTBACCALAUREATE ACHIEVEMENT PROGRAM

Application Form

Return Completed Application to:
Ronald E. McNair Postbaccalaureate Achievement Program
Georgia Southern University
P.O. Box 8071-02
Statesboro, Georgia 30460
<http://students.georgiasouthern.edu/mcnair/>
Telephone Number - (912) 478-8746
FAX - (912) 478-0863

To be eligible, you must be a citizen, natural or a permanent resident of the United States or in the United States for reasons other than temporary purposes; and a low-income and first-generation college student or a member of a group under-represented in graduate education or certain academic disciplines. **Applications will be accepted until all positions are filled.**

A Federally Funded, Equal Opportunity Program

Office Use Only
 FG & LI
 UNREP
 Not Elig.

Please TYPE application and required essay. READ CAREFULLY

Personal Data

Name _____ Date _____

Date of Birth _____ Soc. Sec. No. _____ Gender: Male Female

Ethnic Heritage: African American Asian/Pacific Islander Hispanic
 Native American White Multiracial

Citizenship: U.S. Citizen Permanent Resident Other _____

Current Address (campus or local residence)

Street _____ Apt. No. _____

City _____ State _____ Zip _____

Phone (H) _____ (W) _____

Best Time(s) to Contact _____

Georgia Southern University E-mail: _____ Other E-mail: _____

Permanent Contact

Name _____ Relationship _____

Street _____ Apt. No. _____

City _____ State _____ Zip _____

Phone (H) _____ (W) _____

E-mail address: _____

Academic Data

Are you a former TRIO student? Check one:

- Upward Bound Upward Bound Math Science
- Veterans Upward Bound Educational Talent Search
- Student Support Services Educational Opportunity Center

Beginning with your present institution, list all institutions you have attended (include month and year).

Institution _____ Location _____ From January/ _____ To January/ _____

Institution _____ Location _____ From January/ _____ To January/ _____

Institution _____ Location _____ From January/ _____ To January/ _____

What is your current class standing? Freshman Sophomore Junior Senior

How many total *cumulative credit hours* did you have at the end of Fall semester/quarter? _____

How many credit hours are you *currently* registered for? _____

What is your anticipated graduation date? _____

What is your major? _____

What is your minor/emphasis? _____

What is your *cumulative grade point average*? _____

Financial Assessment/First Generation Verification Form

Income Verification

The information below, which must be provided by all applicants, is used to determine applicant’s eligibility for the McNair Program and will be treated **confidentially**. Last year’s Income Tax Return form must be returned along with the application.

Did your parents or guardian file taxes last year? Yes No

Were you included as a dependent? Yes No

How many individuals were claimed as dependents on your parents’/guardians’/your federal income tax return form? _____

Select the approximate line below indicating your parents’/guardians’/your **taxable income** (line 37 on form 1040: line 22 on form 1040A and line 5 on form 1040EZ) for last year.

- \$14,355 or below
- \$14,356 – 19,245
- \$19,246 – 24,135
- \$24,134 – 29,025
- \$29,026 – 36,389
- \$36,390 –33,915
- \$33,916 – 43,695
- \$43,696-- 48,585
- \$48,585—and above

ONLY U.S. CITIZENS AND PERMANENT RESIDENTS ARE ELIGIBLE TO APPLY

First Generation Verification (Check all that apply):

This is to certify that:

- I have a four-year degree.
- I do not have a four-year degree.
- My mother/guardian has four-year degree.
- My mother/guardian does not have a four-year degree.
- My father/guardian has a four-year degree.
- My father/guardian does not have a four-year degree.

I live with my mother father guardian

I live alone.

Release of Information

I authorize the Ronald E. McNair Postbaccalaureate Achievement Program at Georgia Southern University to provide information to or to receive information from other educational institutions regarding reported standardized test scores, acceptance and attendance dates, and progress being made towards the attainment of my current and future academic pursuits.

Scholar’s Signature

Date

Required Essay

This essay MUST ACCOMPANY the application.

Type a one-page essay addressing each of the following areas:

- Your academic research interests
- Your career goals
- How your participation in the McNair Program will impact your educational/career goals
- Why your want to attend graduate school
- Additional information relevant to this program

Application Checklist

- Type this application in its entirety.
- Include all required documentation:
 - Current tax returns for yourself and, if applicable, your parent(s), spouse or legal guardian(s)
 - Current academic transcript
 - Current financial aid award letter or transcript, if applicable
 - One-page essay addressing academic career goals
 - Recommendations (may be sent separately)
- Retain copies of all documentation (except sealed recommendations)
- Sign the "Certificate of Eligibility" section (below)

Certificate of Eligibility

This is to certify that I am a citizen or national of the United States; a permanent resident of the United States; in the United States for other than a temporary purpose and able to provide evidence from the Immigration and Nationalization Service of my intent to become a permanent resident; or a permanent resident of the Trust Territory of the Pacific Island, Guam, or the Northern Mariana Island.

Signature _____ Date _____

I certify that the information provided on this application is true to the best of my knowledge, and I understand that any omission or misrepresentation of facts or failure to furnish information will automatically invalidate consideration of this application and/or acceptance in to the program.

Staff Use Only

Transcript Tax Forms Essay Recommendation #1 Recommendation #2

Signature _____ Date _____

RECOMMENDATION FORM

Instructions: The student named below is applying to participate in the Ronald E. McNair Postbaccalaureate Achievement Program, an undergraduate research/internship program. In the space assigned in the *Additional Comments* section, please include any information that would help access the applicant's potential for this program. When completed, return the form directly to **Carolyn Boles, Assistant Director, Ronald E. McNair Post-Baccalaureate Achievement Program, Georgia Southern University, P.O. Box 8071-02, Statesboro, Georgia 30460 (912) 478-8746.**

(Print or Type):

Letter of Reference for _____
Applicant's Last Name
First
Middle

Reference completed by _____
Name

Title
Address
Phone

In what capacity have you known this student? _____

For how long? _____

In which of your classes has this student enrolled and what grade did he/she receive? _____

Rate this applicant relative to other students whom you have known in this same field in recent years.

CRITERIA	Above Average	Average	Below Average	No Knowledge
Motivation for proposed program study				
Analytical skills				
Communication skills				
- Oral				
- Written				
Ability to work independently				
Ability to work with others				
Potential for graduate school success				
Self-motivation				
Social sensitivity				
Personal Responsibility				

Additional Comments: _____

(Continue on the back of this form if necessary)

Signature

Date

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Potential for graduate school success				
Self-motivation				
Social sensitivity				
Personal Responsibility				

Additional Comments: _____

(Continue on the back of this form if necessary)

Signature

Date

GEORGIA SOUTHERN UNIVERSITY

Financial Aid Office Verification of Family Income

I authorize the Student Financial Aid Office at _____
Name of Institution

to verify my family income by releasing tax information, need analysis, and various financial aid information to the McNair Program located at Georgia Southern University.

Print Student's Name

Date

Student's Signature

Social Security Number

The information below must be provided by the Financial Aid Office at your institution.

AWARD PROGRAM	AMOUNT	TERM/YEAR
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
TOTAL AWARD	\$ _____	
TOTAL ESTABLISHED STUDENT NEED	\$ _____	
STUDENT EFC	_____	

EXTREMELY IMPORTANT: Official Financial Aid Office information shows the family/student taxable income and family size for the above named student to be \$ _____ and _____ respectively.
Taxable Income Family Size

(Print) Name of Financial Aid Office Official

() _____
Office Phone Number

Signature of Financial Aid Office Official

Date

Return to:
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Georgia Southern University
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Phone: 912 478-8746
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