



THE RONALD E. MCNAIR POST-BACCALAUREATE ACHIEVEMENT PROGRAM

Purdue University Northwest ♦ 2200 169th Street ♦ Hammond, Indiana 46323

Phone: 219.989.2779 ♦ Fax: 219.989.2179

mcnair@pnw.edu ♦ www.pnw.edu/mcnair

Please read the application thoroughly and answer all questions fully. Incomplete applications will not be processed. Submit completed application to the McNair Program Office in the Student Union & Library Building (SULB) Room 343 or on our website. The information contained in this application is for the purpose of determining the applicants' eligibility for the McNair Program. All information received is confidential.

Part I: Applicant Information

Name: _____
FIRST MIDDLE LAST

Social Security No.: _____ PUID: _____

Current Address: _____
STREET CITY STATE ZIP CODE

Permanent Address: _____
STREET CITY STATE ZIP CODE

Home Phone: _____ Cell Phone: _____

Preferred Email: _____

Citizenship(Check One): US Citizen Permanent Resident Other

Date of Birth: _____ Gender (check one): Male Female
MM/DD/YYYY

Major: _____ Minor: _____

Ethnicity: Do you identify as Hispanic/Latino? (check one) Yes No Undisclosed

RACE (Check one):	American Indian/Alaskan native	Undisclosed
	Black/African American	
	Asian	
	White	
	Native Hawaiian /Other Pacific Islander	

Classification (Check One): Sophomore Junior Senior

When do you plan to graduate? _____
MM/YYYY

Do you intend to pursue a doctoral degree? (Check One) Yes No Undecided

If yes, in what field? _____

Do you intend to pursue a MD, JD, or MBA? (Check One) Yes No Undecided

Part II: Family Information

Has your mother or female guardian earned a bachelor’s degree? (Check One) Yes No
Has your father or male guardian earned a bachelor’s degree? (Check One) Yes No

Part III: Income Verification

Complete only the section that applies to your financial aid status and please provide documentation to verify income.

Dependent Students

You are considered a dependent student if you live with your parents and they provide you with more than half of your support.

How many people are in your parents’ household, including yourself? _____

Total adjusted gross income: _____

Did your parents file a federal income tax return for last year? (Check One) Yes No

If yes, what was their taxable income for last year? _____

If no, write “\$0” _____

Independent Students

For you to be considered an independent student, you must meet one of the following criteria:

- You must be at least 24 years old as of January 1, of the academic year.
- You are married.
- You are a graduate or professional student.
- You have a legal dependent other than a spouse.
- You are a veteran of the US Armed Forces
- You are an orphan or ward of the state (or were a ward of the state until age 18).

How many people are in your household, including yourself, spouse and/or other dependents? _____

Total adjusted gross income: _____

Did you file a federal income tax return last year? (Check One) YES NO

If yes, what was your taxable income last year? _____

If no, write “\$0” _____

Other income sources

Do you or your family receive assistance from any of the following

sources: Educational Opportunity Fund (EOF)? (Check One) YES NO

Temporary Assistance for Needy Families (TANF)? (Check One) YES NO

Social Security? (Check One) YES NO

Veteran's Benefits? (Check One) YES NO

Unemployment compensation? (Check One) YES NO

Other (Please List):

Part IV: Participant Information Release Form

I, _____, authorize the Ronald E. McNair Post-Baccalaureate
APPLICANT PRINTED NAME

Achievement Program (MAP) to gather information concerning my academic progress (standardized testing scores, grade point average, earned credits, transcripts) and financial information prior to my participation and throughout my involvement in MAP. I understand that this information is used to assist in the determination of my eligibility, participation, and financial aid status will be reported to the U.S. Department of Education in accordance with the grant funding regulations.

I certify that the information provided on this application is true and complete to the best of my knowledge. I also agree to provide documentation upon request to verify the information reported. I am aware that the personal information that is provided to the Ronald E. McNair Post-Baccalaureate Achievement Program will be protected under the Family Education Rights Privacy Act of 1974. No one will have access to the information unless they work with or for MAP, or are specifically authorized by me to see the information.

Upon formal acceptance into the program, I grant permission for program representative to have access to my academic and financial official records in order for MAP staff to assist me. Additionally, in the course of my involvement in the MAP program, MAP staff may consult with various Purdue University Northwest offices and programs to secure and share the necessary information pertinent to my participation in the program and overall collegiate success.

APPLICANT SIGNATURE

DATE

APPLICANT PUID

MCNAIR
Scholars Program
PURDUE UNIVERSITY NORTHWEST

Part V: Statement of Purpose

Attach a brief (300-500 words) typed statement that addresses the following questions: What qualities do you possess that make you a good candidate for the McNair Program and for a graduate program? What activities have you participated in during your undergraduate studies that reflect or support your post-graduation plans? What are your career goals and reasons for your expected major field of graduate study?

PURDUE UNIVERSITY NORTHWEST
RONALD E. MCNAIR POST-BACCALAUREATE ACHIEVEMENT PROGRAM
LETTER OF RECOMMENDATION FORM

This program was established and is funded by the US Department of Education, and named in honor of Challenger space shuttle astronaut Ronald E. McNair. The program at Purdue University Northwest encourages graduate study 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 a terminal degree.

Applicant's Name: _____

Email Address: _____

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. Please place a check mark next to your selection to indicate your choice and sign below. Failure to sign or indicate waiver status indicates confidentiality by default.

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.

APPLICANT SIGNATURE

DATE

The student named above has submitted an application for the McNair Achievement Program. In order for us to accurately assess the applicant's qualifications, please answer the following questions as completely as possible. You may attach additional sheets if necessary.

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

2. In regards to the applicant's readiness for graduate study, which of the following apply?
(Check One)

Ready Ready, if given assistance Not Ready Other

If you chose other, please give an explanation for your choice:

3. Current grade point average:

**Purdue University Northwest's
Ronald E. McNair Post-Baccalaureate Achievement Program
Letter of Recommendation Form**

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

2. In regards to the applicant's readiness for graduate study, which of the following apply?
(Check One)

READY READY, IF GIVEN ASSISTANCE NOT READY OTHER

If you chose other, please give an explanation for your choice:

3. Current grade point average:

APPLICATION CHECKLIST

Document	Check if completed
Application Submitted	
Personal Statement Submitted	
Financial Verification Documents Submitted	
1 st Letter of Recommendation Submitted	
2 nd Letter of Recommendation Submitted	