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**Mc Nair Advisory  
Committee**

**Dr. Scott Cooper**

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Undergraduate Research and  
Creativity*

**Dr. Enilda Delgado**

*Department of Sociology*

**Aiyana Dettman**

*McNair Alum, Academic  
Advising Center*

**Thomas Harris**

*Multicultural Student Services*

**Dr. James Longhurst**

*Department of History*

**Megan Gosse**

*Student Support Services*

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# McNair Scholars

University of Wisconsin-La Crosse

## 2019-2020 Application

**Applications Accepted  
Until All Positions Are Filled**

**Only students pursuing a graduate program  
that can lead to a Ph.D. are eligible to apply.**

APPLICATION CHECKLIST:

- Fully complete, signed application
- Current unofficial transcript(s) for all colleges or universities attended
- Typed, double spaced personal statement

My signature below indicates that, to the best of my knowledge, the information provided on this application is true, complete, and accurate. I understand that the information requested on this application is used to determine and report eligibility for the McNair Program under guidelines determined by the U.S. Department of Education. Information is kept confidential.

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Applicant's printed name

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Applicant's signature

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Date

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## I. APPLICANT INFORMATION

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Name \_\_\_\_\_  
Last First Middle

UW-L ID \_\_\_\_\_ Date of Birth \_\_\_\_\_

Local Address \_\_\_\_\_  
City State ZIP

Permanent Address \_\_\_\_\_  
(if different from above) City State ZIP

Main Phone \_\_\_\_\_ Alternative Phone Number \_\_\_\_\_

### **CITIZENSHIP**

*(You may be asked for a copy of your documentation if you are accepted. Students without U.S. citizenship or permanent residency are eligible if they can provide USCIS documentation of their intent to become a permanent resident.)*

- U.S. Citizen by Birth or  U.S. Citizen by Naturalization  
 U.S. Permanent Resident  
 Permanent Resident of the Trust Territories  
 Resident of the Freely Associated States  
 \_\_\_\_\_ (fill in the blank)

### **RACE/ETHNIC HERITAGE**

*(Check all that apply.)*

Are you of Hispanic or Latino ethnicity?  Yes  No

- American Indian/Alaskan Native  
 Asian  
 Black/African American  
 White  
 Native Hawaiian/Other Pacific Islander  
 \_\_\_\_\_ (fill in the blank)

### **GENDER IDENTITY**

I identify my gender as \_\_\_\_\_ (fill in the blank)

The personal pronouns I use are \_\_\_\_\_ (fill in the blank)

## II. FAMILY INFORMATION

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*(When answering the following questions, please refer to the parent/guardian(s) with whom you regularly resided, prior to age 18.)*

Parent/Guardian #1 \_\_\_\_\_ Relationship \_\_\_\_\_

Highest level of educational attainment:

GED/high school diploma  Associate's  Bachelor's  Master's  Doctorate/Terminal

Other – please explain. \_\_\_\_\_

Parent/Guardian #2 \_\_\_\_\_ Relationship \_\_\_\_\_

Highest level of educational attainment:

GED/high school diploma  Associate's  Bachelor's  Master's  Doctorate/Terminal

Other – please explain. \_\_\_\_\_

### III. ACADEMIC INFORMATION

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When did you first begin college? (Month & Year) \_\_\_\_\_

Did you attend a community or technical college before UWL?  Yes  No

Are you currently in school for your first bachelor's degree?  Yes  No

Major(s) \_\_\_\_\_ Total credits earned \_\_\_\_\_

Minor(s) \_\_\_\_\_ Credits this semester \_\_\_\_\_

Current Academic Advisor(s) \_\_\_\_\_

Anticipated Month & Year of Graduation \_\_\_\_\_

Have you ever participated in any of the following programs?

*(Check all that apply.)*

- |  |   |
|--|---|
| <input type="checkbox"/> First Year Research Exposure  | <input type="checkbox"/> Academic Success Institute |
| <input type="checkbox"/> Student Support Services      | <input type="checkbox"/> WiscAMP                    |
| <input type="checkbox"/> Upward Bound or Talent Search | <input type="checkbox"/> Eagle Mentoring Program    |

### IV. COMMITMENT TO GRADUATE EDUCATION

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When will be your first semester of enrollment in graduate school? \_\_\_\_\_

What will be your field of study in graduate school? \_\_\_\_\_

Please assess your current commitment to graduate education:

*(Check all that apply.)*

- I am thinking about graduate school and would like help in exploring my options.
- I plan to go to graduate school, but not immediately after graduation.
- I will go to graduate school immediately after graduation, but will need financial assistance.
- I will go to graduate school immediately after graduation, with or without financial assistance.
- I am determined to get a Master's degree, but I am not certain about a Ph.D.
- I am determined to get a Ph.D.
- I plan to complete the following degrees: \_\_\_\_\_ (fill in the blank)
- There are things I plan to do before beginning graduate school:

\_\_\_\_\_ (fill in the blank)

### V. UNDERGRADUATE RESEARCH EXPERIENCE

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Have you been involved in an undergraduate research project in the past?  Yes  No

*(If yes, please describe the project & provide the name of your faculty mentor below.)*

\_\_\_\_\_

\_\_\_\_\_

Do you have plans to conduct an undergraduate research project in the future?  Yes  No

*(If yes, please describe the project & provide the name of your faculty mentor below.)*

\_\_\_\_\_

\_\_\_\_\_

## VI. NEEDS ASSESSMENT

(Please check the services, programming, and assistance that you believe you need to be successful in graduate school. Check all that apply.)

- Tutoring in these subjects: \_\_\_\_\_
- Preparation for the GRE
- Information about the graduate school application process
- Assistance preparing a personal statement & applications for graduate admissions
- Visits to regional graduate schools
- Information about financial aid & paying for graduate school
- Help in choosing graduate school programs or institutions
- Improvement in time management or organizational skills
- An improved emotional support system
- Undergraduate research experience
- \_\_\_\_\_ (fill in the blank)
- \_\_\_\_\_ (fill in the blank)

## VII. PERSONAL STATEMENT

In addition to this completed application, you must provide a written personal statement addressing your professional goals for the future, including the following information:

- how an advanced degree fits with your current career plans;
- what you hope to gain from participating in the McNair Scholars program; and
- any other relevant information that you believe the Advisory Committee should know when evaluating your application materials.

*This statement should be typed, double-spaced, and no more than two pages long.*

*This is a very important part of your application.*

## VIII. RECOMMENDATIONS FROM FACULTY & STAFF

The McNair Scholars program will collect online recommendation forms from three (3) individuals of your choosing, *two of whom must be faculty members at UW-La Crosse*. Please list below the names and e-mail addresses of three faculty/staff who can assess your aptitude for research and motivation to attend graduate school.

***You do not need to submit letters of recommendation at this time, but please contact the people listed below to verify that they can provide you with a strong, positive recommendation.***

\_\_\_\_\_  
Name

\_\_\_\_\_  
E-mail Address

\_\_\_\_\_  
Name

\_\_\_\_\_  
E-mail Address

\_\_\_\_\_  
Name

\_\_\_\_\_  
E-mail Address

## McNair Scholars Program at UW-La Crosse Authorization for Release of Information

The McNair Scholars program at UW-La Crosse is funded by the United States Department of Education, which requires that we collect and annually report certain information about participants' academic performance and achievement. The reporting period begins when participants apply to the program, and ends ten years after participants are awarded baccalaureate degrees.

Future funding of the program is based on our ability to prove that our graduates are successful in graduate school and receive adequate financial aid.

Whenever possible, we will collect the data we need directly from our students. In some cases, it is necessary to contact schools or other agencies directly to obtain current accurate information.

The McNair Scholars program staff may request the following information by phone, fax, e-mail, letter, or in person:

- copies of my undergraduate grades and transcripts, including class schedules and degrees earned at UW-L and other institutions;
- copies of official or unofficial results of standardized tests (e.g., GRE, LSAT, MCAT, etc.)
- copies of my Student Aid Report (SAR) and Free Application for Federal Student Aid (FAFSA);
- copies of my financial aid application & verification, including signed tax returns and W-2 statements and/or IRS tax transcripts;
- copies of financial aid award letters, and any other financial aid information on file with my institution;
- copies of my disability–related accommodations or diagnoses (if applicable);
- information concerning the status of my graduate school and program admissions application(s);
- information verifying my enrollment in and/or graduation from a postsecondary institution; and
- any other academic records that verify my admission to, attendance or status at, and/or separation from a postsecondary institution.

**I authorize the release of academic and financial aid information for the student listed—including, but not limited to, the information listed above—to the McNair Scholars Program at UW-La Crosse for fourteen (14) calendar years from the date of my signature. I also authorize the McNair Scholars program staff to release this information to third parties for reporting purposes, when necessary. My signature below also gives the McNair Scholars program to use my photographs, videos, and testimonials to promote the program.**

\_\_\_\_\_  
Student Name (print)

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Student Name (signature)

\_\_\_\_\_  
Date Signed

Please list your permanent contact information below.

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**Name**

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**Parent/Guardian Name(s) or Spouse's Name**

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**Main Phone Number**

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**Address**

---

**City/State/ZIP**

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**Non-UW-L E-mail Address**

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**Alternate Phone Number**

Please list two people who do not live with you who might be able to help us contact you if we lose touch.

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**Name**

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**Relationship to you**

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**Phone**

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**Address**

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**City/State/ZIP**

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**Email address**

---

**Name**

---

**Relationship to you**

---

**Phone**

---

**Address**

---

**City/State/ZIP**

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**Email address**