Program Staff

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Mc Nair Advisory Committee

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Dr. Enilda DelgadoDepartment of Sociology

Dr. James Longhurst *Department of History*

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Student Support Services

Meng Vang

Graduate Student, Student Affairs Administration



University of Wisconsin-La Crosse

2015-2016 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:

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		Fully completed, signed application
		Current unofficial transcript(s) for all colleges or universities attended
		Typed, double spaced personal statement
provi inforn	ded on this nation requ	elow indicates that, to the best of my knowledge, the information is application is true, complete, and accurate. I understand that the uested on this application is used to determine and report eligibilit Program under guidelines determined by the U.S. Department of Education. Information is kept confidential.
Applicar	nt's printed r	name
Applica	nt's signatur	re
Date		

APPLICANT INFORMATION I. Name First Last Middle UW-L ID Date of Birth Local Address City State ZIP Permanent Address (if different from above) State Main Phone ______ Alternative Phone Number _____ ☐ U.S. Citizen by Birth ☐ U.S. Citizen by Naturalization or ☐ U.S. Permanent Resident ☐ Permanent Resident of the Trust Territories ☐ Resident of the Freely Associated States ☐ Other – please explain. (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 their intent to become a permanent resident.) **RACE/ETHNIC HERITAGE** Are you of Hispanic or Latino ethnicity? ☐ Yes ☐ No (Check all that apply.) American Indian/Alaskan Native П Asian Black/African American White Native Hawaiian/Other Pacific Islander Other -- please specify. **FAMILY INFORMATION** When answering the following questions, please refer to the parent/guardian(s) with whom

II.

you regularly resided, prior to age 18.

Parent/Guardian #1	Relationship
Highest level of educational attainment:	
High school graduate 2-year college graduate Bachelor's	Master's Doctorate/Terminal Degree
Other – please explain.	
Parent/Guardian #2	Relationship
Highest level of educational attainment:	
High school graduate 2-year college graduate Bachelor's	Master's Doctorate/Terminal Degree
Other – please explain.	

III. ACADEMIC INFORMATION

When	did you first begin college? (Month &	Year)			
Are yo	u currently in school for your first bac	helor's deg	ree?	☐ Yes	□No
Major((s)	Minor(s	s)		
Total c	redits earned	Number of	credits th	is semester _	
Curren	t Academic Advisor(s)				
Anticip	pated Month & Year of Graduation				
Have y	ou ever participated in any of the follo	owing prog	rams? Ch	eck all that a	pply.
	Multicultural Student Services WiscAMP Eagle Mentoring Program Academic Success Institute		Student	earch or Upw Support Serv ent Honors F	ices
IV.	COMMITMENT TO GRADUA	TE EDUCA	ATION		
When	will be your first semester of enrollme	ent in gradu	ıate schoo	l?	
What v	will be your field of study in graduate	school?	·		
<u>Please</u>	assess your current commitment to g	raduate ed	ucation (c	heck all that	apply):
	I am thinking about graduate school I plan to go to graduate school, but n I will go to graduate school immediat assistance.	ot immedia	ately after	graduation.	
	I will go to graduate school immediat assistance.	tely after gr	aduation,	with or with	out financial
	I am determined to get a Master's de I am determined to get a Ph.D.	_	am not ce	rtain about a	a Ph.D.
Ш	I plan to complete the following degr	rees:			

V. 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 will impact your career;
- 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.

VI. UNDERGRADUATE RESEARCH EXPERIENCE 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 Do you have plans to conduct an undergraduate research project in the future? \square Yes \square No If yes, please describe the project & provide the name of your faculty mentor **NEEDS ASSESSMENT** VII. Please check the services, programming, and assistance that you believe you need most, in order to be successful in graduate school. Check as many boxes as needed: ☐ 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 ☐ Undergraduate research experience □ Other: _____ 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. Name E-mail Address 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)	Data of Dirth	
Student Name (print)	Date of Birth	
Student Name (signature)	 Date Signed	

Name		
Parent/Guardian Name(s) or Spouse's Name	M	ain Phone Number
Address	Cit	y/State/ZIP
Non-UW-L E-mail Address	Alt	ernate Phone Number
Please list two people <u>who do not live</u>	e with you who might be able	to help us contact you if we lose touch
	e with you who might be able Relationship to you	to help us contact you if we lose touch Phone
Name		
Please list two people who do not live Name Address	Relationship to you	Phone