

Sul Ross State University
Ronald E. McNair Post Baccalaureate Achievement Program
Participant Application
Please Print or Type

Social Security #: _____ **A#:** _____

Name: _____
Last First Middle

Local Address: _____

Permanent Address: _____

Cell Phone: _____ **Alternate Phone:** _____

Preferred Email: _____ **DOB:** _____

Emergency Contact: _____ **Relationship:** _____

Emergency Contact Phone: _____ **Marital Status:** _____

<p>Citizenship</p> <p><input type="checkbox"/> U.S. Citizen</p> <p><input type="checkbox"/> Permanent Resident</p> <p style="margin-left: 20px;">Resident Alien #</p> <p>_____</p>	<p>Ethnicity</p> <p><input type="checkbox"/> African American/Black</p> <p><input type="checkbox"/> American Indian/Alaskan Native</p> <p><input type="checkbox"/> Asian</p> <p><input type="checkbox"/> Pacific Islander</p> <p><input type="checkbox"/> Hispanic/Latino</p> <p><input type="checkbox"/> White (other than Hispanic)</p> <p><input type="checkbox"/> Other</p> <p>_____</p>	<p>Gender</p> <p><input type="checkbox"/> Female</p> <p><input type="checkbox"/> Male</p> <p>SRSU Student Status</p> <p><input type="checkbox"/> Full-time</p> <p><input type="checkbox"/> Part-time</p>
<p>Past TRIO Participation: YES or NO</p> <p>(mark all that apply) <input type="checkbox"/> SSS <input type="checkbox"/> UB <input type="checkbox"/> TS <input type="checkbox"/> Other _____</p>		
<p>Veteran: served more than 180 days, not dishonorably discharged <input type="checkbox"/> YES <input type="checkbox"/> NO</p>		

- Mark ALL statements that best describe your first-generation college student status:**
- Neither of my natural or adoptive parent(s) received a four-year college degree.
 - My parents do not live together, and the parent with whom I live(d) with and/or receive(d) financial support from does not have a bachelor's degree.
 - Prior to the age of 18, I did not live with or receive support from a natural or adoptive parent.
 - None of these statements apply.

List all financial aid you are currently receiving: (grants, scholarships, loans, etc.)

Academic Information:

Did you attend community college prior to enrolling at Sul Ross? YES NO

Major _____ **Minor** _____

Major Advisor _____

Current Class Standing: Sophomore Junior Senior

Cumulative: Credit Hours _____ Grade Point Average _____

If your GPA is not at least 3.0, please provide:

Major: Credit Hours _____ Grade Point Average _____

List academic distinctions, leadership activities and/or honorary achievements:

Are you interested in applying to graduate school? YES NO

If yes, in what discipline? _____

I want to receive a:

- Dr. of Philosophy-PhD Dr. of Education-EdD Dr. of Medicine-MD
- Doctor of Veterinary Medicine-DVM Dr. of Jurisprudence (Law Degree)
- Other Doctorate _____

List the graduate schools you are interested in attending:

Institution City State

Institution City State

Institution City State

Institution City State

Institution City State

McNair Research Preference:

Identify your preference for a research project: _____

Mentor preference: (1) _____ **(2)** _____

Sul Ross State University
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Needs Survey

Name: _____ Date: _____

Graduate School Planning

Mark your level of agreement with each of the following statements, based on the following scale:

1=strongly disagree 2=disagree 3=neutral 4=agree 5=strongly agree

1. I am knowledgeable about graduate school admission requirements.
 1 2 3 4 5
2. I am familiar with research methodology and its applications.
 1 2 3 4 5
3. I am familiar with teaching careers at the college level.
 1 2 3 4 5
4. I have written research reports and made presentations at conferences/symposiums.
 1 2 3 4 5
5. I am familiar with the steps of writing for publication.
 1 2 3 4 5
6. I am knowledgeable of financial aid resources to pay for graduate school.
 1 2 3 4 5
7. I am aware of the steps to obtain a doctoral degree (PhD, EdD, etc.).
 1 2 3 4 5
8. I am familiar with “networking” and “mentoring” and its impact on professional success.
 1 2 3 4 5
9. I am aware of doctoral study tenets and how to manage tasks and reach my goals.
 1 2 3 4 5
10. I am aware of the GRE, its contents, and test preparation resources.
 1 2 3 4 5
11. I am comfortable with writing personal statements, curriculum vitae, and resumes.
 1 2 3 4 5
12. I am familiar with how to apply for graduate assistantships.
 1 2 3 4 5
13. I am familiar with strategies in developing critical thinking skills.
 1 2 3 4 5

Specific Skill Development

Mark the following skill(s) with which you feel least comfortable:

- | | |
|---|---|
| <input type="checkbox"/> Computer Skills | <input type="checkbox"/> Research (hands-on) |
| <input type="checkbox"/> Library Research | <input type="checkbox"/> Research Paper Development |
| <input type="checkbox"/> Time Management | <input type="checkbox"/> Statistical Analysis |
| <input type="checkbox"/> Test Taking | <input type="checkbox"/> Presentation Skills |

Personal/Social Development

Listed below are a number of areas of your life that may influence your studies and your progress toward obtaining your degree(s). Please mark the item(s) for which you may want to discuss:

Key Areas of Need

- Housing
- Transportation
- Employment
- Financial Worries
- Budgeting Skills

Personal Relationships

- Parents
- Spouse
- Significant Other
- Sibling(s)
- Friends
- Roommate

Campus Relationships

- Student and/or Peer
- Faculty Research Mentor
- Professor/Instructor
- Staff Member

Other: _____

Sul Ross State University
Ronald E. McNair Post Baccalaureate Achievement Program
Signature Release Form/Certification

Name _____ **ID#** _____
(Please type or print)

This release form enables the SRSU McNair Program to obtain the following information for the purpose of determining program eligibility, developing educational plans, and collecting program statistics:

- Admission and enrollment documents
- Grade reports and transcripts
- Financial aid reports and information regarding taxable income, awards received, and unmet need
- U.S. Residency status
- Current personal information (address, phone number, e-mail address)
- Past TRIO participation

Aspects of this information and the nature of your participation in the McNair Program may be shared with the U.S. Department of Education and SRSU personnel in accordance with federal regulations and SRSU policy.

My signature below indicates that I hereby authorize the release of my academic, personal, and financial records to the McNair Post Baccalaureate Achievement Program at Sul Ross State University for the purpose of serving my needs and meetings 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** _____

Sul Ross State University
Ronald E. McNair Post Baccalaureate Achievement Program
Income Verification

Please provide the following financial information from your parent's/your most recent tax return:

Student's Name: _____

Filing year: _____

Adjusted Gross Income: \$_____

Number in Household: _____

Filing Status (select one): Single Married-Filing Jointly Married-Filing Separately

 Head of Household Qualified Widower

Taxable Income: \$_____

I hereby certify that the above information is true and accurate to the best of my knowledge.

Parent Signature

Date

Student signature only needed if considered independent in accordance with the financial aid office

Independent Student's Signature

Date

Alternative to this form – you may submit a copy of yours and/or your parents most recent signed Federal Income Tax Return form (example: 1040, 1040A, 1040EZ, etc.)

Sul Ross State University
Ronald E. McNair Post Baccalaureate Achievement Program
Recommendation Form

Return to: Box C-63 Alpine, TX 79832, or mcnair@sulross.edu

Student Applicant – Please complete the following information. (Type or print legibly)

 Last Name First Name MI

Optional: I hereby waive my right to have access to this recommendation as so indicated by my signature below. I understand that this waiver will not affect my admission or my ability to receive any services provided by the McNair Program.

 Signature Date

The following section is to be completed by a faculty member.

This is my evaluation of: _____ . I have known this applicant for _____ years in this capacity: _____ .

Please evaluate the following qualities of the applicant by circling the appropriate responses.

Promise as a graduate student	superior	above average	average	below average	unable to judge
Perseverance	superior	above average	average	below average	unable to judge
Dependability	superior	above average	average	below average	unable to judge
Maturity	superior	above average	average	below average	unable to judge
Oral expression	superior	above average	average	below average	unable to judge
Written expression	superior	above average	average	below average	unable to judge
Ability to work independently	superior	above average	average	below average	unable to judge
Potential to plan/conduct research	superior	above average	average	below average	unable to judge
Initiative	superior	above average	average	below average	unable to judge
Knowledge and intellectual ability	superior	above average	average	below average	unable to judge

Remarks:

Name (printed) _____ Title _____

E-Mail _____ Phone _____

Signature _____ Date _____

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Remarks:

Name (printed) _____ Title _____

E-Mail _____ Phone _____

Signature _____ Date _____

Sul Ross State University
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Statement of Purpose and Academic Documents

Please submit a personal statement to the McNair Program office (BAB 319) or via email (mcnair@sulross.edu).

- Write a personal statement describing your experiences as an undergraduate student and your goals moving forward to graduation, graduate school and potentially a doctoral program. What potential barriers do you think you may face along the way? And how do you think the McNair Program will help you achieve your educational and career goals?
 - Minimum one page, double spaced statement

Please provide the following academic documents:

- Official signed degree plan or signed Degree Works degree plan
- Academic transcript (unofficial from Self-Service Banner/Lobo Online is accepted)

Sul Ross State University
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Application Packet Checklist

- _____ **Participant Application**
- _____ **Needs Survey**
- _____ **Release of Information**
- _____ **Income Verification**
- _____ **Recommendation 1**
- _____ **Recommendation 2**
- _____ **Official Signed Degree (Works) Plan**
- _____ **Academic Transcript**
- _____ **Statement of Purpose**

Thank you for submitting your application.

Savannah Williamson
Interim Director, McNair Scholars Program
mcnair@sulross.edu
432.837.8019 (phone)
432.837.8620 (fax)
BAB 319