# Sul Ross State University Ronald E. McNair Post Baccalaureate Achievement Program Participant Application Only complete applications are Please Print or Type

A#:				
Name: Last Name, First Name, Middle Initial				
Cell Phone:	Alternate Phone:			
School Email:	DOB:			
Emergency Contact:	Relationship:			
Emergency Contact Phone:	Marital Status:			

#### Mark ALL statements that best describe your first-generation college student status:

- $\Box$  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.
- $\Box$  None of these statements apply.

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

### Academic Information:

Did you attend co <b>Maior</b>		-		
	tanding: 🗆 Sophomore			nior
Cumulative:	Credit Hours		Grade Point Ave	erage
lf your GPA is n	ot at least 3.0, please provid	le:		
Major:	Credit Hours		Grade Point Ave	erage
List academic di	stinctions, leadership activit	ies and/or honor	rary achievemen	ts:
If yes, in want to receive □ Dr. of Philoso □ Doctor of Vete	ed in applying to graduate s what discipline? a: phy-PhD Dr. or erinary Medicine-DVM ate	f Education-EdD □ Dr. of Jι	) 🗆 Dr. c	f Medicine-MD
_ist the graduate	e schools you are interested	in attending:		
nstitution			City	State
Institution			City	State
nstitution			City	
				State
nstitution			City	State State
			City	
Institution	ch Preference:			State
Institution Institution McNair Researd Identify your pr	ch Preference: reference for a research p		City	State State

# Sul Ross State University Ronald E. McNair Post Baccalaureate Achievement Program Needs Survey

Name: Date:					
Gradu	uate School Planning				
Mark	your level of agreemen	t with each of th	ne following sta	atements, based	d on the following scale:
	1=strongly disagree	2=disagree	3=neutral	4=agree	5=strongly agree
1.	I am knowledgeable a □ 1	about graduate □ 2	school admiss	ion requiremen <sup>*</sup>	ts. □ 5
2.	I am familiar with rese □ 1	earch methodol	logy and its ap∣ □ 3	plications. □ 4	□ 5
3.	I am familiar with tead $\Box$ 1	ching careers a □ 2	t the college le □ 3	vel. □ 4	□ 5
4.	I have written researd □ 1	ch reports and r □ 2	made presenta □ 3	tions at confere □ 4	nces/symposiums. □ 5
5.	I am familiar with the $\Box$ 1	steps of writing	for publication	ı. □ 4	□ 5
6.	I am knowledgeable o □ 1	of financial aid □ 2	resources to pa □ 3	ay for graduate □ 4	school. □ 5
7.	I am aware of the ste $\Box$ 1	ps to obtain a c □ 2	loctoral degree □ 3	e (PhD, EdD, eto □ 4	c.). □ 5
8.	I am familiar with "net □ 1	tworking" and "i	mentoring" and □ 3	l its impact on p □ 4	orofessional success. □ 5
9.	I am aware of doctora □ 1	al study tenets a	and how to ma □ 3	nage tasks and □ 4	reach my goals. □ 5
10.	I am aware of the GR □ 1	E, its contents, □ 2	and test prepa	aration resource	es. □ 5
11.	I am comfortable with □ 1	writing person	al statements, □ 3	curriculum vitae	e, and resumes. □ 5
12.	I am familiar with how □ 1	v to apply for gr □ 2	aduate assista □ 3	ntships. □ 4	□ 5
13.	I am familiar with stra □ 1	tegies in develo □ 2	pping critical th $\Box$ 3	inking skills. □ 4	□ 5

### **Specific Skill Development**

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

- □ Computer Skills
- □ Library Research
- □ Time Management
- □ Test Taking

#### 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

### Personal Relationships

□ Housing

□ Transportation

□ Employment

- □ Financial Worries
- □ Budgeting Skills

SpouseSignificant Other

□ Parents

- □ Sibling(s)
- □ Friends
- $\square$  Roommate

- □ Research (hands-on)
- □ Research Paper Development
- Statistical Analysis
- □ Presentation Skills

### **Campus Relationships**

- $\hfill\square$  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	
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## 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-Fil	ing Jointly	□ Married-Fil	ing Separately
	□ Head of	f Household	□ Qualifi	ed Widower	
Taxable Income: \$					
I hereby certify that the knowledge.	above info	rmation is tru	e and accu	irate to the be	st of my
Parent Signature				Date	
**************************************	nly neede	ed if conside	ered inde	pendent in a	
	with th	e financial a	aid office		
Independent Student's Sign	ature			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 Statement of Purpose and Academic Documents

Please submit a personal statement to the McNair Program office (BAB 108) 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?
- <u>Minimum</u> one page, double spaced statement Please provide the following (2) academic documents: These documents must be submitted!
- <u>Official signed</u> degree plan or signed Degree Works degree plan
- <u>Academic transcript</u> (unofficial from Self-Service Banner/Lobo Online is accepted)

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

Kathleen Rivers Director, McNair Scholars Program kathleen.rivers@sulross.edu <u>mcnair@sulross.edu</u> 432.837.8019 (phone) Briscoe Administration Building BAB 108