

MCNAIR PROGRAM APPLICATION

First Year Students

2008-09

Name: _____
Last
First
Middle

Social Security #: _____ Date of Birth: _____ Gender: F M
mm/dd/yyyy

Campus Address		Permanent Address
	◀ Street Address ▶	
	◀ City/State/Zip ▶	
	◀ Residence Phone ▶	
	◀ Work Phone ▶	
	◀ Cell Phone ▶	
	◀ Fax ▶	
	◀ Email address ▶	

Major: _____ Minor: _____

I am a:

- U.S. Citizen
 Permanent Resident of the U.S.*

High School GPA: _____

First-Generation College Student

Did your mother or father graduate from a 4-year U.S. college or university?

- Mother yes no
 Father yes no

Date of first college/university enrollment: _____ Projected graduation date: _____

Are you currently registered as a full-time undergraduate? Yes No

Have you taken college courses at any other institutions? Yes No

If yes, please list all additional colleges attended and dates of attendance: _____

Primary language: _____ Other language(s) in which you are fluent: _____

I hereby grant permission for the McNair staff to obtain and review my academic records to determine suitability for participation in the McNair Scholars Program. _____

Signature

Please complete this form and submit it with a copy of your Student Aid Report (SAR) to the McNair Program office in Stoke Hall, suite A-103.