

Pre-McNAIR PROGRAM APPLICATION

Today's date _____

Name _____
Last
First
Middle Initial

Preferred Name/Nickname _____ Pronouns _____

UNH ID# _____ Date of Birth _____ Gender _____
mm/dd/yyyy

| Campus or Local Address | mm/dd/yyyy | Permanent Address |
|-------------------------|-------------------|-------------------|
| | ◀Street Address▶ | |
| | ◀City/State/Zip▶ | |
| | ◀Residence Phone▶ | |
| | ◀Cell Phone▶ | |
| | ◀Email address▶ | |

To be eligible, an applicant must:

- Be a U.S. citizen or permanent resident
- Be income eligible and first-generation college student, **OR**
- Be a member of a group underrepresented in graduate education (e.g. Black, Hispanic, Native American or Pacific Islander)

| | |
|---|---|
| <p>I am a:</p> <p><input type="checkbox"/> U.S. Citizen</p> <p><input type="checkbox"/> Permanent Resident of the U.S.*</p> <p style="margin-left: 20px;">I.D. # _____ Exp. Date _____</p> <p><i>*Please include a photocopy of your official Permanent Resident I.D.</i></p> <p>Previous TRIO Program Participant?</p> <p><input type="checkbox"/> Talent Search</p> <p><input type="checkbox"/> Upward Bound</p> <p><input type="checkbox"/> Student Support Services/TRIO Scholars</p> <p><input type="checkbox"/> Other TRIO Program _____</p> | <p>First-Generation College Student</p> <p>Did your mother or father graduate from a 4-year college or university?</p> <p style="margin-left: 20px;">Parent 1 (Mother/Father) <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p style="margin-left: 20px;">Parent 2 (Mother/Father) <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>Do you receive the Pell Grant?</p> <p><input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> unsure</p> <p>Ethnic Heritage (please check all that apply)</p> <p><input type="checkbox"/> African American/Black</p> <p><input type="checkbox"/> Caucasian</p> <p><input type="checkbox"/> Hispanic</p> <p><input type="checkbox"/> Native American</p> <p><input type="checkbox"/> Pacific Islander</p> <p><input type="checkbox"/> Other (specify) _____</p> |
|---|---|

Major: _____

Minor: _____

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

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

Did you attend community college? Yes No

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

I hereby grant permission for the McNair staff to obtain and review my academic records to determine eligibility 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 Hood House, Room 203 no later than **September 30.***