

# 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		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><b>I am a:</b></p> <p><input type="checkbox"/> U.S. Citizen</p> <p><input type="checkbox"/> Permanent Resident of the U.S.*</p> <p>I.D. # _____ Exp. Date _____</p> <p><b><i>*Please include a photocopy of your official Permanent Resident I.D.</i></b></p> <p><b>Previous TRIO Program Participant?</b></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><b>First-Generation College Student</b></p> <p>Did your mother or father graduate from a 4-year college or university?</p> <p>Parent 1 (Mother/Father) <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>Parent 2 (Mother/Father) <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p><b>Do you receive the Pell Grant?</b></p> <p><input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> unsure</p> <p><b>Ethnic Heritage (please check all that apply)</b></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>
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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

**Note:**  
Applications  
will be  
accepted  
after the  
Sept. 30th  
priority  
deadline and  
reviewed on  
a rolling  
basis.

Please complete this form and submit it with a copy of your FAFSA Submission Summary to the McNair Program office in Hood House, Room 203 no later than **September 30**.