

MCNAIR SCHOLARS PROGRAM APPLICATION

I. APPLICANT INFORMATION

Name _____
Last First Middle

Current Address _____
City State Zip

Permanent Address _____
City State Zip

Davis/Local Phone (____) _____ Permanent Phone (____) _____

Social Security Number _____ E-mail Address _____

Date of Birth _____ Place of Birth _____ Male Female

Citizenship (check one): U.S. Citizen Permanent Resident Other (specify) _____

How do you describe yourself? (check all that apply):

- African American Asian Caucasian Pacific Islander
 Chicano/Latino Filipino Southeast Asian Native American
_____ (tribe)

II. FAMILY INFORMATION

Father's Name _____
Last First Middle

Highest Grade Completed (please circle): 4 5 6 7 8 9 10 11 12 13 14 15 16

College Degree Earned (Check all that apply):

- Bachelor's Master's Doctorate None

Mother's Name _____
Last First Middle

Highest Grade Completed (please circle): 4 5 6 7 8 9 10 11 12 13 14 15 16

College Degree Earned (Check all that apply):

- Bachelor's Master's Doctorate None

III. FINANCIAL INFORMATION

Are you currently eligible to receive financial aid? Yes No

If yes, please attach a copy of your UC Davis financial aid award letter.

With regard to financial aid, are you considered to be independent or dependent on your parents? _____

If Independent:

What is the size of your household, including yourself, spouse, and/or other dependents? _____

Did you file a federal income tax return for last year? _____

If yes, what was your **taxable** income? \$ _____

** Please include a photocopy of the appropriate federal income tax return.*

If Dependent:

What is the size of your parent's household, including yourself, spouse, and/or other dependents? _____

Did your parents file a federal income tax return for last year? _____

If yes, what was their **taxable** income? \$ _____

** Please include a photocopy of the appropriate federal income tax return.*

IV. EDUCATIONAL INFORMATION

List the names of all colleges and universities attended.

School Name	Enrolled From (Month/Year)	To (Month/Year)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please enclose a copy of official transcripts of all colleges previously attended, including UC Davis, or arrange for transcripts to be sent to the McNair Program office as soon as possible.

V. STATEMENT OF PURPOSE

The Statement of Purpose is required of all applicants. Please describe the strengths and weaknesses of your preparation for graduate study, your reasons for wishing to undertake graduate study at the doctoral level and your career objectives. Provide your personal insights as to why you should be selected for participation in this program and what you expect to gain from this experience. In addition, please identify the contributions that you wish to make to your chosen field of study as well as to your community. You should address each of these topics in a statement not to exceed 1,000 typed words. (Please type, double space your statement, staple it to the application, and sign below.)



I understand that participation in the McNair Scholars Program is both an academic year and summer commitment. If selected as a Scholar, I will be expected to attend weekly meetings as well as occasional weekend activities. I will also be expected to maintain a minimum 3.0 University of California GPA, take the Graduate Record Examination (GRE), and apply to graduate school. The McNair Scholars Program will assist me with these tasks. If my goals change, so that they no longer include graduate school, I will notify the program administrators. If I am selected for the mentored summer research component, I understand that I will be expected to submit an abstract and paper, and present my research at a conference, in addition to performing eight weeks of research. Program staff will assist students in preparing for these activities. The program will provide academic units, as well as a stipend up to \$2,800.

Signature _____ Date _____

LETTER OF RECOMENDATION

Please Check:

Faculty

Other

This section to be completed by the applicant.

Full Legal Name _____

Social Security Number _____

Proposed Field of Graduate Study _____

(Optional) Waiver: I voluntarily wave all rights to review this letter of recommendation conferred by the Family Education Rights and Privacy Act of 1974. (The alternative selected will not affect consideration of the application for admission.)

Signature _____ Date _____

Dear Recommender

The McNair Scholars Program is designed to encourage talented undergraduates from groups often underrepresented in graduate programs to pursue doctoral degrees. The student you are recommending has shown interest in our program and if accepted, will be responsible for undergraduate research, writing a technical manuscript, presenting research at conferences, preparing for the GRE and applying to graduate programs.

This section is to be completed by the recommender and returned directly to the McNair Program office. (Please attach additional pages if needed.)

1. How long have you known the applicant and in what capacity?

2. Briefly describe your observations of the applicant's motivation for graduate study and/or commitment to the academic and professional goals of attaining a Ph.D upon completion of a bachelor degree.

3. What is your candid appraisal of the applicant's intellectual ability, aptitude in research, potential for doctoral study, and the quality of previous work?

4. Please list the areas in which you believe this applicant needs to develop in order to ensure his/her successful admission to an academic doctoral degree program.

Recommender's Name _____ Date _____

School/Other _____ Positon/Title _____

Address _____

Signature _____ Date _____

Please mail this form to:

**McNair Scholars Program
University of California, Davis
86 Hutchison Hall
One Shields Avenue
Davis, CA 95616**

Thank you for your prompt response.

3. What is your candid appraisal of the applicant's intellectual ability, aptitude in research, potential for study, and the quality of previous work?

4. Please list the areas in which you believe this applicant needs to develop in order to ensure his/her successful admission to an academic doctoral degree program.

Recommender's Name _____ Date _____

School/Other _____ Positon/Title _____

Address _____

Signature _____ Date _____

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