



APPLICATION

Please type or print all information and return to the McNair Scholars Program
University of Arkansas at Little Rock
Speech Room 101
2801 S. University Avenue Little Rock, AR 72204

Statement of Confidentiality: The information contained in this application is used for the sole purpose of determining the applicant's eligibility for the McNair Scholars Program. All information received is treated confidentially. It is the policy of UALR to accommodate students with disabilities, pursuant to federal and state law. Anyone requiring accommodations due to a disability should contact the program staff at the above address or call (501).569.3280. Please note that if you claim Native American/Alaskan Native Heritage, you must provide government issued documents confirming your claim.

I. Applicant Information

Name _____ Male
Last First Middle Date of Birth Female

Address _____
City State Zip Code

Phone: (Home) (Cell) Primary email address

Place of Birth Social Security Number T Number

Marital Status: Single Married Separated Divorced Arkansas Resident Yes No

Number of Children _____ Citizenship:

Spouse's name _____ US Citizen Permanent Resident Other _____

Ethnic Heritage

- African American Caucasian Asian American Hispanic Pacific Islander
- Alaskan Native Native American Native Hawaiian Other _____

Emergency Contact Name Relationship to You Phone

Do you work Yes No If yes, how many hours per week _____ If yes, are you a UALR Employee Yes No

Do you have a disability Yes No Please list special accommodations you require: _____

II. Educational Information (Check all that apply to you:)

- High School Graduate Received GED _____ Current UALR Student Transfer Student
- Year Received

High School Attended City/ State Year Diploma Received

Current: Major _____ Minor _____ Classification _____ Cumulative GPA _____

Transfer Institution _____ Anticipated Graduation Fall Spring Summer Year _____

Do you have plans to pursue Graduate School Yes No If yes, what field of study _____

Do you have plans to pursue a PhD Yes No If yes, what field of study _____

If you answered no to plans to pursue graduate school or a PhD please give a brief explanation as to why your answer was no:

Which of the following best describes your commitment to attend graduate school?

_____ I am thinking about graduate school and would like to explore options.

_____ I am going to graduate school after working one or two years.

_____ I have made a firm commitment to attend graduate school immediately after receiving a bachelor's degree, but it will be dependent upon financial assistance.

_____ I have made a firm commitment to attend graduate school immediately after receiving a bachelor's degree, with or without financial assistance.

_____ I have made a firm commitment to get the master's degree, but I am unsure about the PhD.

If necessary, attach an additional sheet in order to provide complete answers to the following questions:

Selected students participate in a summer research internship. Indicate your research interest within your major field and research interest outside your major field.

List all extracurricular activities *college only* (e.g. campus, civic, community organization)

List all academic honors, distinctions, and/or scholarships you have received (high school and college).

List other academic experiences (e.g. internships) that support your application for the McNair Scholars Program.

III. Family Information

Do you receive financial aid Yes No

For financial aid purposes, are you considered dependent or independent? Dependent Independent

If independent, did you file a federal income tax form for the previous year? Yes No

If dependent, did your parent or legal guardian file a federal income tax form for the previous year? Yes No

Do you or your family receive assistance from the following sources?

- Aid to families with dependent children (AFDC)
- Social Security
- Veteran's Benefits
- Food Stamps
- Unemployment Compensation
- State Rehabilitation Benefits
- Other

Educational Attainment of Mother:

Highest Grade Completed: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16

College Degree Earned, if any: Associates Bachelors Masters Doctorate

Educational Attainment of Father:

Highest Grade Completed: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16

College Degree Earned, if any: Associates Bachelors Masters Doctorate

IV. Additional Requirements for Applicants

Three (3) letters of recommendation, two (2) of which must be from faculty who have instructed you. Faculty members are required to send his/her letter directly to the McNair Scholars Program. In the space below, please list names, titles, email addresses, and telephone numbers of the three persons who will submit recommendations. *When choosing your recommenders preference should be given to UALR faculty members that possess a doctoral degree.*

1. _____
2. _____
3. _____

Who first encouraged you to apply to the UALR McNair Scholars Program? _____

If selected who would you like to serve as your faculty mentor? _____

Have you previously participated in another TRIO program? Yes No If yes, check all that apply.

Talent Search Upward Bound Student Support Services Educational Opportunity Center

My signature below certifies that the information I have given is true, accurate, and complete to the best of my knowledge. I further understand that any information obtained to the contrary will lead to my immediate dismissal from the McNair program if I am selected. My signature allows the McNair Staff to obtain information concerning but not limited to my financial, academic, and personnel records as they pertain to my admittance and continuation in the UALR McNair Scholars Program.

Signature

Date

V. Statement of Purpose

The information provided in this section is very important to the selection process. Using the space provided or an additional sheet, comprise a brief essay on your academic and personal objectives. Be sure to include your reason(s) for pursuing a graduate degree, what you hope to accomplish through participating in this program, and how it will assist you with your long term goals. **(Minimum 300 words... Must be typed)**

OFFICE USE ONLY:

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|----------------|---------------------|-----------|--------------------|----------|-----------------------|-----------|---|---|---|------------------------|
| Date Rec _____ | Elg _____ | Tax _____ | Tran _____ | FA _____ | INS _____ | Rec _____ | 1 | 2 | 3 | Date Proc. (Adv Board) |
| _____ | Date Accepted _____ | _____ | Waiting List _____ | _____ | Letter sent out _____ | _____ | | | | |