

APPLICATION CHECKLIST

Name:		
Classification: Sophomore Junior Senior		
☐ Do You Qualify? Form		
Completed Program Application		
Unofficial Academic Transcript		
Most Recent Tax Return		
Personal Statement		
Letter of Recommendation by a SHSU Professor		



The McNair Scholars Program is a federally-funded program designed to increase the number of first-generation, low-income, and underserved individuals who pursue doctoral study.

During the academic year, students participate in activities that support and encourage a high level of educational achievement. In addition, the program will also offer a series of workshops ("How to succeed in Graduate School") as well as other cultural and educational activities. The academic year activities are specifically designed to prepare students to be candidates for the next summer's research component.

To apply, please submit all required documents to the McNair Scholars Program in Farrington 111-H or mail to the address listed below.

- Program Application
- Unofficial transcript
- Copy of most recent tax return
- Personal statement (detailing your plans for graduate studies).
- Letter of recommendation by a professor (if included in the packet; otherwise mail to Campus Mail Box 2359)

Submit to:

Dr. Lydia Fox Farrington 111-H Sam Houston State University Huntsville, TX 77340-2359 Phone: 936-294-3279

Deadline for Submission of Applications – September 23, 2024 at 5:00 p.m.



Do You Qualify? Form

SHSU McNair Scholars Program – participants must be SHSU students with a minimum GPA of 3.0, juniors or seniors, and U.S. citizens or permanent residents.

Please check all of the following provisions that apply.

Yes	<u>No</u>			
		1. You are a member of a group that is underserved in graduate studies.		
		2. You are a first-generation college student. (Neither of your parents has a 4-year college degree).		
		3. One of the statements below regarding income applies to you. (Students will be required to furnish documentation of income, i.e. tax return, W-2 forms).		
	Your Immedia		nde Up Of/Or Less: Effective January 11, 2024 al Family Income	
	One person yourself included Two persons yourself included Three persons yourself included Four persons yourself included Five persons yourself included Six persons yourself included Seven persons yourself included Eight persons yourself included ertify that the information stated above of the grant permission to the McNair Sc		\$22,590.00 \$30,660.00 \$38,730.00 \$46,800.00 \$54,870.00 \$62,940.00 \$71,010.00 \$79,080.00 is true and correct to the best of my knowledge and I holars Program to access any of my educational	
Name			Signature	
Date				



Program Application

Name:	SSN#						
	Full name as it appears on your Driver's License						
Sam ID:		-					
Local Addre	ss:						
City, State, Z	Zip:						
Local Phone: Cell l		Phone: Home Phone:					
Permanent A	Address:						
City, State, Z	Zip:						
SHSU Email	:						
Personal Em	ail:						
Major:		Minor:					
Classification	n: Sophomore Junior Senior	SHSU GPA: Overall GPA:					



What is the highest level of education attained by:								
Mother: ☐ Elementary ☐ High School ☐ Two-year degree ☐ Bachelor's Degree ☐ Graduate/Professional Degree								
Father: ☐ Elementary ☐ High School ☐ Two-year degree ☐ Bachelor's Degree ☐ Graduate/Professional Degree								
Are you eligible for Financial Aid?								
How did you hear about the McNair Scholars Program? McNair website Facebook/Instagram page Program Banner (outside LSC) Flyer Referral (If so, name the person who referred you: Other (Explain:								
McNair Program Requirements by Semester								
Fall: Attend McNair workshops (will be scheduled later). Spring: Enroll in a three-hour research course (MCNR 4301) on Tuesdays and Thursdays from 11 a.m. – 12:15 p.m.								
Summer: Engage in research and attend weekly meetings for an eight-week period.								



DOCUMENTATION REQUIREMENTS

Please include a copy of your unofficial academic transcript.							
Please include a copy of your most recent tax return.							
Please list one SHSU professor who	o will write a letter of recommendation for you:						
Name	Department						
Letters of recommendation may be to Dr. Fox at Box 2359.	e included in the application packet or mailed directly						
words. You may attach your typed state	a personal statement answering both prompts in 500-750 ement to the application. ool plans and goals? Include a timeline and the type of						

2. How has your background contributed to your success?

Student Information:			
Gender: Male [Pronouns:		(fill in the blank)	Prefer not to disclos
		c Pacific Islander A an Asian Other	
Date of Birth:/	/	Birthplace:	
Citizenship: U.S. C			Other
	Release of Inform	nation Authorization	
I authorize Sam Hous with the Director of the	•	share all required and req	uested information
	ademic year to the SH	ry <i>Financial Aid Office</i> to a SU McNair Program. This cNair Program.	~
Printed Name	Signature	Social Security Number	 er Date

^{**}Please read page 1 for a complete list of application requirements**