



Cleveland State University

TRIO McNair Scholars Program

APPLICANT'S CHECKLIST

- | | |
|-------------------------------------|---|
| Application | <input type="checkbox"/> (complete, sign and date) |
| Transcripts | <input type="checkbox"/> (submit an official transcript from your former school, if your CSU transcript doesn't show the current GPA and credits) |
| Resume | <input type="checkbox"/> |
| Statement of purpose | <input type="checkbox"/> (sign and date) |
| Recommendation 1 | <input type="checkbox"/> |
| Recommendation 2 | <input type="checkbox"/> |
| Do I qualify? | <input type="checkbox"/> (sign and date) |
| Release of information | <input type="checkbox"/> (sign and date) |
| GPA and attendance policy agreement | <input type="checkbox"/> (sign and date) |
| Photography/video model release | <input type="checkbox"/> (sign and date) |
| Tax return, SAR | <input type="checkbox"/> (only for those who qualify as first generation low-income student) |
| Permanent residency document | <input type="checkbox"/> (only for permanent resident of US) |

It is applicant's responsibility to make sure that the McNair office receives reference letters. At least one letter should come from a faculty member who knows your academic and/or research work.

Application will not be considered until the office of the McNair Scholars Program receives all the above documents.



Cleveland State University

TRIO McNair Scholars Program

STUDENT APPLICATION

Date _____

A. Personal information

Full Legal Name: _____

CSU ID# _____

Local address (number, street, apartment, city, state, zip code) _____

Telephone Number: _____

Permanent address (number, street, apartment, city, state, zip code) _____

Telephone Number (at permanent address): _____

E-mail: _____

Cell Phone Number: _____

Gender: ☐ Female; ☐ Male

Birth Date: ____/____/____

Birth place: _____

What is your citizenship status? ☐ US citizen; ☐ US Permanent resident

**(if permanent resident, please provide copy of INS documentation)*

B. Academic information

First enrollment date in a postsecondary education (may or may not be CSU): _____

College: _____ Major: _____ Minor: _____

Year: ☐ Sophomore ☐ Junior ☐ Senior Date degree expected: ____/____/20____

Will you, at least, have sophomore standing by May of the current academic year?

☐ Yes ☐ No

Grade Point Average (GPA) in Major: _____

Overall GPA: _____

Which academic degree do you intend to pursue after completing your Bachelor's Degree:

☐ Ph.D. ☐ M.D/Ph.D. ☐ J.D. ☐ Masters ☐ Other _____

Please list the course grades you have received in your major:

Course # & title	Grade	Course # & title	Grade

Name two references and their contact information below. However it is applicant's responsibility to make sure that the McNair office receives reference letters. At least one letter should come from a faculty member who knows your academic and/or research work.

Name	Department/office	Phone
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Name	Department/office	Phone
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Briefly indicate your specific experience in independent research, lab experience and/or independent study:

Please list any academic honors and/or award received (include date received):

Briefly state your educational and career goals:

C. Additional information

Briefly indicate your involvement in internship, co-op, volunteer, community service and work experience:

Can you speak/write/read a language other than English, (if so list)? _____

Please indicate if you are participating/have previously participated in any of the following programs

- | | | |
|---|--|--|
| <input type="checkbox"/> Student Support Services | <input type="checkbox"/> Upward Bound | <input type="checkbox"/> Educational Opportunity Centers |
| <input type="checkbox"/> Veteran's Upward Bound | <input type="checkbox"/> Talent Search | <input type="checkbox"/> Upward Bound Math & Science |
| <input type="checkbox"/> McNair Scholars Program | <input type="checkbox"/> Fenn Academy | <input type="checkbox"/> STARS |
| <input type="checkbox"/> CSU Honors | <input type="checkbox"/> Choose Ohio | <input type="checkbox"/> Choose Ohio First |
| <input type="checkbox"/> AHANA | <input type="checkbox"/> CSU Scholars | <input type="checkbox"/> Other (describe): _____ |

D. Eligibility

I. First generation

What is the highest level of education attained by your parents or guardian?

Mother: ☐ Elementary; ☐ Middle; ☐ High School; ☐ Some College; ☐ Bachelor's; ☐ Graduate; ☐ Prof degree

Father: ☐ Elementary; ☐ Middle; ☐ High School; ☐ Some College; ☐ Bachelor's; ☐ Graduate; ☐ Prof degree

Guardian: ☐ Elementary; ☐ Middle; ☐ High School; ☐ Some College; ☐ Bachelor's; ☐ Graduate; ☐ Prof degree

Who did you regularly live with prior to your 18th birthday?

☐ Mother; ☐ Father; ☐ Other (describe) _____

II. Low-income

For financial aid purposes are you considered independent or dependent?

☐ Independent (go to section A)

☐ Dependent (go to section B)

Section A:

Number of household members, including you, spouse, and/or dependents: _____

Did you file a federal tax return last year?

☐ Yes

☐ No

If yes, what was your taxable income? (Line 39 on the IRS 1040 Form) \$ _____

If no, place "0" on the line above.

Section B:

Number of household members, including yourself: _____

Did your parent(s) file a federal tax return last year?

☐ Yes

☐ No

If yes, what was your family's taxable income? (Line 39 on the IRS 1040 Form) \$ _____

If no, place "0" on the line above.

Are you eligible for financial aid?

☐ Yes;

☐ No

If yes, what type?

☐ Pell grant;

☐ Loan;

☐ Other (describe): _____

III. Underrepresented

Ethnicity:

☐ Hispanic/Latino

☐ Other

(Hispanic/Latino refers to Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race)

Race:

☐ American Indian or Alaska Native

☐ Asian

☐ Black or African American

☐ Hispanic or Latino

☐ White

☐ Native Hawaiian or other Pacific Islander

☐ Other response (describe): _____

Please review your application and sign below:

To the best of my knowledge, the preceding information is true, complete, and accurate.

Signature of applicant

Date

Director

Date

Rev.: 12/20/2012



Cleveland State University

TRIO McNair Scholars Program

STATEMENT OF PURPOSE

State your research interest, experience, educational goals, career objectives and any other information which may aid the CSU TRIO McNair Program selection committee. Explain how participation in the McNair Program will enhance your graduate school and other career plans. You may use a separate sheet if necessary. Do not exceed two typed pages.

Name

Signature

Date



Cleveland State University

TRIO McNair Scholars Program

LETTER OF RECOMMENDATION

_____ has applied to be a participant in the CSU McNair Scholars Program.
We would appreciate your candid responses to assist in our selection.

In what capacity have you worked with the student and how long?

Please comment on the student's academic strengths and weaknesses.

If given the opportunity and proper preparation, do you feel the applicant has the potential to do major research in his/her field of study?

What is your basis for this judgment?

Signature

Department

Phone

Name and title

Date

Please return through campus mail to McNair Scholars Program MC 219



Cleveland State University

TRIO McNair Scholars Program

DO I QUALIFY?

CSU McNair Scholars Program participants must be CSU student with a minimum GPA of 2.8 who are a sophomores or juniors, and who are U.S. citizen or permanent resident.

Please check (V) **all** of the following provisions which apply

Yes

No

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. You are a member of a group that is under represented in graduate education [Black (non-Hispanic), Hispanic, American Indian/Alaskan Native, Native Hawaiians, Pacific Islanders]. |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. You are a first generation college student. (That is neither of your parents has a 4-year college degree.) |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. One of the statements below regarding income applies to you. (Students will be required to furnish documentation of income, such as tax return) |

You are considered a low-income student if your immediate household income (effective January 28, 2014) is no more than the limit below:

Size of Family Unit	48 Contiguous States, D.C., and Outlying Jurisdictions	Alaska	Hawaii
1	\$17,505	\$21,870	\$20,130
2	\$23,595	\$29,490	\$27,135
3	\$29,685	\$37,110	\$34,140
4	\$35,775	\$44,730	\$41,145
5	\$41,865	\$52,350	\$48,150
6	\$47,955	\$59,970	\$55,155
7	\$54,045	\$67,590	\$62,160
8	\$60,135	\$75,210	\$69,165

For family units with more than eight members, add the following amount for each additional family member: \$6,090 for the 48 contiguous states, the District of Columbia and outlying jurisdictions; \$7,620 for Alaska; and \$7,005 for Hawaii. The term low-income individual" means an individual whose family's taxable income for the preceding year did not exceed 150 percent of the poverty level amount. The figures shown under family income represent amounts equal to 150 percent of the family income levels established by the Census Bureau for determining poverty status. The poverty guidelines were published by the U.S. Department of Health and Human Services in the Federal Register on January 22, 2014.

Name

Signature

Date



Cleveland State University

TRIO McNair Scholars Program

AUTHORIZATION FOR RELEASE OF INFORMATION

Date: _____

CSU ID: _____

Date of Birth: _____

Street Address: _____

Telephone Number: _____

I, _____, authorize the appropriate offices at Cleveland State University to release to TRIO McNair Scholars Program records containing the following information,

GPA, earned credits, citizenship, first-generation status, race, family's taxable income for the preceding year

for the purpose of **determining my eligibility for the TRIO McNair Scholars Program**

Confidentiality of student education records is protected by the Family Educational Rights and Privacy Act (FERPA). To the extent it is applicable FERPA may protect the records being released pursuant to this request. Any person/facility receiving authorized information may not make further disclosure without the written consent of the person to whom it pertains.

I understand that I can revoke this authorization at any time by providing written notice to the person/facility whom I have designed to release the information. I understand also that any information released prior to revocation cannot be retrieved and neither the person/facility releasing, nor the person/facility receiving the information will be held responsible for such release.

I hereby release Cleveland State University, and its trustees, officers, employees and agents from any and all claims, demands, legal responsibilities or liability that may arise from or in connection with the authorized release of my records their in.

Release authorized by:

Witnessed by:

Student signature

Witness signature

Date

Date



Cleveland State University

TRIO McNair Scholars Program

GPA and Attendance Policy Agreement

Section 1- GPA Satisfaction

1. I understand that if I do not maintain at least a 2.8 overall GPA at the end of the semester, I will not be eligible for McNair sponsored cultural trips for the following semester. Furthermore, if I don't earn at least a 2.8 overall GPA or a 3.0 semester's GPA at the end of the second semester, I will not be eligible for McNair traveling privileges (except for presenting McNair summer research) for the second semester.
2. I understand that if my GPA stays below 2.8 for a total of three consecutive semesters, then I will be expelled from TRIO McNair Scholars Program.

Section 2- Attendance and Mentor Reports

1. I understand that I am expected to maintain at least 75% attendance for monthly scholar meetings, at least 50% attendance for McNair sponsored workshops/seminars, and at least 75% submission of McNair mentor reports. If the requirements aren't met, I will not be eligible for McNair sponsored cultural trips for the following semester.
2. If I don't improve my attendance and submission of reports to the required level at the end of the second semester, (excluding the summer), I will also be ineligible for McNair sponsored traveling privileges (except for presenting McNair summer research).

Both travelling privileges will be reinstated once all requirements are met provided the McNair scholar hasn't been expelled from the program.

By signing the document below I agree to have read and understood all the terms and conditions above.

Signature: _____

Date: _____

Print name: _____

CSU ID: _____



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TRIO McNair Scholars Program

PHOTOGRAPHY/VIDEO MODEL RELEASE

I, _____, hereby give the TRIO McNair Scholars Program permission to copyright, use, publish and distribute in any medium and for any purpose the photographs/video taken of me or in which I may be included with others and to use my name in connection with the photographs/video.

I hereby release the **Cleveland State University TRIO McNair Scholars Program** from any and all claims and demands arising out of or in connection with the use of the photographs.

Name (print legibly)

Date

Signature

CSU ID

Note: Under 18 years of age requires parental/guardian signature

Parent/guardian

Relationship

(____)____-____
Phone