



Cleveland State University

TRIO McNair Scholars Program

PRELIMINARY APPLICATION

Date*: _____

Name*: _____

CSU ID*: _____

E-mail*: _____

Phone Number*: _____

Citizenship*: ☐ U.S. Citizen ☐ Permanent Resident ☐ Other

CSU Student* ☐ Yes ☐ No ☐ Full Time* ☐ Part Time

Major*: _____ Minor*: _____

Academic Standing*: ☐ Freshman ☐ Sophomore ☐ Junior ☐ Senior

Grade Point Average (GPA) in Major: _____ Overall GPA: _____

Number of Credits Completed: _____ Date Degree Expected*: ____/____/20____

Are you eligible for financial aid?* ☐ Yes ☐ No

If yes, what type? ☐ Pell Grant ☐ Loan ☐ Other

Are you a low-income student? ☐ Yes ☐ No

[The term "low-income student" means an individual whose family's taxable income for the preceding year did not exceed 150 percent of the federal poverty level. See the chart on the back side of this application form for details.]

Are you a first-generation student?* ☐ Yes ☐ No

[The term "first-generation student" means an individual whose parents (or guardians) have not received a four-year degree.]

Are you from a group underrepresented
in graduate education?* ☐ Yes ☐ No

[Groups underrepresented in graduate education include Blacks (non-Hispanic), Hispanics/Latinos, Native Americans, Alaskan Natives, Native Hawaiians, and Pacific Islanders.]

Signature _____

Date _____

*** Required fields**

*Please return the completed application form to the McNair Scholars Program office in
Room 155 of the Science and Research Building.*

Rev.: 03/14/2016

You are considered a low-income student if your immediate household income in relation to your family size (effective January 25, 2016) does not exceed the limits listed below:

Size of Family Unit	48 Contiguous States, D.C., and Outlying Jurisdictions	Alaska	Hawaii
1	\$17,820	\$22,260	\$20,505
2	\$23,030	\$30,030	\$27,645
3	\$30,240	\$37,800	\$34,785
4	\$36,450	\$45,570	\$41,925
5	\$42,660	\$53,340	\$49,065
6	\$48,870	\$61,110	\$56,205
7	\$55,095	\$68,880	\$63,345
8	\$61,335	\$76,680	\$70,515

For family units with more than eight members, add the following amount for each additional family member: \$6,240 for the 48 contiguous states, the District of Columbia and outlying jurisdictions; \$7,800 for Alaska; and \$7,170 for Hawaii. 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 25, 2016.