# *Emporia State University*
# *TRIO McNair Scholars Program*
# *Application Cover Sheet*

The Emporia State University TRIO McNair Scholars Program is seeking applicants! Qualified students who are selected will participate in activities to prepare them for doctoral study. To qualify, students must meet the following criteria:

1) Be first-generation student (neither parent completed a bachelor's degree or, if you only lived with and received support from one parent, that parent did not complete a bachelor's degree) AND meet federal income guidelines

   OR

   Be a member of a group that is underrepresented in graduate education as determined by the US Department of Education

   AND

2) Be a US Citizen or permanent resident
3) Be at least a sophomore
4) Have a desire to pursue a research doctorate

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**ALL APPLICATION MATERIALS MUST BE COMPLETE FOR APPLICATION CONSIDERATION.**

*__Mail__ application materials to:*
TRIO McNair Scholars Program
Campus Box 4005
Emporia State University
1 Kellogg Circle
Emporia, KS 66801

*Or __hand-deliver__ application materials to:*
TRIO Office – 323 South Morse Hall

*Or submit application materials __electronically__ to:*
Dr. Shanna Eggers at seggers@emporia.edu

Phone: (620) 341-5097 Fax: (620) 341-5887 E-mail: seggers@emporia.edu

*The TRIO McNair Scholars Program is funded by a grant from the US Department of Education.*

TRIO
RONALD E. MCNAIR
POST-BACCALAUREATE
ACHIEVEMENT PROGRAM

# TRIO McNair Scholars Application
## Emporia State University

1 Kellogg Circle, Campus Box 4005 • 323 South Morse Hall • 620-341-5097

### Part I: STUDENT DEMOGRAPHIC INFORMATION

Full Name:

Date of Birth:

Gender:
❑ Male ❑ Female

ESU Student ID:

Cell Phone (primary contact number):

Home Phone or Parent Cell (secondary contact number):

Local (Emporia) Address:
Street:

City/State/Zip:

ESU email:

Permanent Address:
Street:

City/State/Zip:

Personal email:

Please mark your preferred contact method: ❑ phone call ❑ text message ❑ email

**Citizenship:** Please mark the item that best describes your citizenship status.

❑ I am a citizen or national of the United States.
❑ I am a permanent resident of the United States. (Please provide a copy of your alien registration card.)
❑ I am in the US for other than a temporary purpose and will provide evidence from INS of my intent to become a permanent resident.
❑ I am a permanent resident of Guam, the Northern Mariana Islands, or the Trust Territory of the Pacific Islands.
❑ I am a resident of one of the Freely Associated States.
❑ None of these statements applies to me.

**Ethnicity** (required by the US Department of Education)
Are you Hispanic/Latino ❑ Yes ■ No

**Race** (**required**/defined by the US Department of Education; ***mark all applicable***)

❑ American Indian or Alaska Native
❑ Asian
❑ Black or African American
❑ White
❑ Native Hawaiian or Other Pacific Islander

Have you participated in any other TRIO programs? ❑ Yes ❑ No If yes, mark all that apply.

❑ Student Support Services (SSS)
❑ Upward Bound (UB)
❑ Upward Bound Math/Science (UBMS)
❑ Educational Opportunity Centers
❑ Veterans Upward Bound
❑ Talent Search

In what semester do you anticipate earning your bachelor's degree? _____

What is your projected date of entry into graduate school? _____

Degree(s) you ultimately intend to earn: ❑ bachelor's only ❑ master's ❑ doctorate (PhD/EdD) ❑ professional (MD/JD/DVM)

## Part II: FAMILY EDUCATIONAL INFORMATION

With whom did you regularly reside and receive support from prior to age 18?
❑ two parents ❑ mother only ❑ father only ❑ other: _____

Parent/guardian 1: ❑ father ❑ mother
Highest level of education completed by this parent/guardian:
❑ less than high school
❑ high school diploma/GED
❑ some college
❑ four-year college degree or higher

Parent/guardian 2: ❑ father ❑ mother
Highest level of education completed for this parent/guardian:
❑ less than high school
❑ high school diploma/GED
❑ some college
❑ four-year college degree or higher
❑ Not applicable (single parent/guardian household)

## Part III: FAMILY FINANCIAL INFORMATION

*McNair is a federally funded program that requires income verification to comply with U.S. Department of Education regulations. Eligibility for participation in McNair is based, in part, on household income from the prior tax year. The regulations vary from the FAFSA, which uses tax information from two years ago. For the purposes of income verification for McNair, please provide the following information. It will be held in the strictest confidence.*

For federal financial aid purposes, are you considered a dependent or independent student? ❑ Dependent ❑ Independent
Please complete the appropriate section below based on your dependency status.

### Dependent Students

What is the size of your parents' household, including yourself? _____

Please have your ***parent*** select and complete one of the following statements:

❑ Please see the attached ***signed*** copy of the federal income tax form for the most recent tax year. Parent signature not required below.

❑ My parent(s) submitted a federal income tax return for the most recent tax year but respectfully declines to provide a copy. The taxable income amount on the federal income tax return was $ _____.

❑ My parent(s) did not submit a federal income tax return for the most recent reporting year but attest that the family taxable income was $ _____.

___I understand that, if I am a dependent student, confirmation of family income will be required by a parent (see next page).

### Independent Students

What is the size of your household, including yourself? _____

Select and complete one of the following statements:

❑ Please see the attached ***signed*** copy of my federal income tax form for the most recent tax year.

❑ I completed and submitted a federal income tax return for the most recent reporting year but respectfully decline to provide a copy. The taxable income amount on the federal income tax return was $ _____.

❑ I did not submit a federal income tax return for the most recent tax year but attest that my taxable income was $ _____.

_____ _____
Student signature Date

## Part IV: TRANSCRIPT

By signing the agreements below, you consent to McNair personnel obtaining your ESU transcript information. If you are a transfer student, please provide an unofficial transcript from each institution you have attended.

## Part V: UNDERSTANDING, AGREEMENT, AND CONSENT

Please read and initial each statement and then provide your signature to complete your application form.

___ To the best of my knowledge, all information provided in this application is true and correct.

___ I authorize the ESU TRIO McNair Scholars Program (McNair) to access my educational records and use information as necessary to provide services and make reports to the U.S. Department of Education. I also authorize McNair to obtain reports from my instructors regarding academic progress and the National Student Clearinghouse regarding enrollment and degree information. I understand that all information will be kept confidential and used for the purposes of needs assessment, program evaluation, federal reporting, and other administrative purposes. I understand that I will have access to all of my records excluding letters of recommendation and mentor evaluations to which I have waived my right to access.

___ I recognize that, by federal law, the McNair Scholars Program must verify income-based eligibility and may contact the Office of Financial Aid to verify dependency status. Further, I acknowledge that forms completed electronically requiring a parent's signature [for dependent students only] may require confirmation. I am providing the following email address that belongs to my parent, _____, for confirmation purposes only: _____.
*parent name* *parent email address*

___ I grant McNair permission to use photographs, video, quotes, academic accomplishments, statements, and/or my first and last name in any/all McNair publications and electronic media.

___ I understand that some services offered by the McNair Scholars Program are required; these services include at least one Honors Contract Course annually, participation in a Summer Research Internship, and advising each semester by my Faculty Mentor and the McNair Scholars Program personnel. If selected as a Scholar, I will adhere to all requirements and strive to meet all goals set forth in my individualized McNair Academic and Scholarly Achievement Plan through additional individual and group services offered by the McNair Scholars Program.

___ I hereby release and hold blameless the State of Kansas, Kansas Board of Regents, Emporia State University, and their employees from any and all claims and liabilities of any type whatsoever and for injury to or death which may now or hereafter arise out of result from or be in any way connected directly or indirectly with the McNair Scholars Program and its activities.

I have read, agree with, and consent to these statements.

_____ _____
Student Signature Date