

**UNIVERSITY OF THE INCARNATE WORD  
McNAIR SCHOLARS PROGRAM  
APPLICATION FORM 2009-2010**

LIFG _____
DOEUM _____
_____

NAME \_\_\_\_\_ SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ UIW ID \_\_\_\_\_  
(Last) (First) (Middle)

Male  Female  Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ U.S. CITIZEN  PERMANENT RESIDENT\*   
\*Please provide INS documentation

**CURRENT CONTACT INFORMATION:**

\_\_\_\_\_  
(Street address) (City) (State) (Zip)

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**PERMANENT CONTACT INFORMATION:**

\_\_\_\_\_  
(Street Address) (City) (State) (Zip)

Home Phone: \_\_\_\_\_ Work/Alternate Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**ACADEMIC HISTORY:**

TOTAL NUMBER OF COLLEGE CREDIT HOURS EARNED BY THE END OF FALL 2008 \_\_\_\_\_

MAJOR \_\_\_\_\_ MINOR \_\_\_\_\_

CUMULATIVE GPA \_\_\_\_\_ EXPECTED GRADUATION DATE \_\_\_\_\_

➤ ATTACH TRANSCRIPTS FOR ALL COLLEGE COURSEWORK.

**ETHNICITY:**

\_\_\_\_ African American/Black      \_\_\_\_ Asian American      \_\_\_\_ Other (specify) \_\_\_\_\_  
\_\_\_\_ Mexican American/Hispanic      \_\_\_\_ Caucasian (non-Hispanic)  
\_\_\_\_ Native American/Alaskan Native      \_\_\_\_ Pacific Islander (Native Hawaiian, Guamanian, or Samoan)

The Department of Education (DOE) defines a first-generation college student as an individual who grew up in a household where neither parent had completed a four-year degree before the individual turned 18. Individuals who grew up in foster care are automatically considered first-generation.

ACCORDING TO THIS DEFINITION, ARE YOU A FIRST-GENERATION COLLEGE STUDENT?    \_\_\_\_ Yes    \_\_\_\_ No

**Please indicate with an X the statement below which best describes your interest in graduate education.**

- \_\_\_\_\_ 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 plan to attend graduate school immediately after receiving my bachelor's degree, but I will be dependent on financial assistance.
- \_\_\_\_\_ I plan to attend graduate school immediately after receiving my bachelor's degree, with or without financial assistance.
- \_\_\_\_\_ I am determined to get a Master's degree, but I am uncertain about a Ph.D.
- \_\_\_\_\_ I am determined to get a Ph.D.

## STATEMENT OF PURPOSE

On another sheet of paper, please answer the following questions honestly and completely. Please restate the question prior to your written response.

(Please type your answers)

1. Give a brief intellectual autobiography describing the formation of your academic interests.
2. Why would you like to become a participant in the McNair Scholars Program?
3. What are your current and long-term goals, and how do you see the McNair Scholars Program assisting you in achieving those goals?
4. Describe your tentative plans for research: either specific research topics, or general areas in which you hope to work.
5. Describe your career and/or professional goals.
6. Describe your family's educational background (high school, college, country/state where parental education was received, etc).
7. What do you currently perceive to be the greatest obstacle to your entrance into a graduate program and to your completion of a doctoral degree?

**Father's Name:** \_\_\_\_\_

First Middle Last  
Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 16+  
Circle college degree earned, if any: Associate's Bachelor's Master's Doctorate

**Mother's Name:** \_\_\_\_\_

First Middle Last  
Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 16+  
Circle college degree earned, if any: Associate's Bachelor's Master's Doctorate

If selected, and in order to receive up to a \$2,800 stipend, can you commit **35** hours per week to research and scholarly activities during the summer research internship?  Yes  No

Will you be employed between May 19 and August 15, 2008?  Yes  No

If yes, indicate the number of hours per week. \_\_\_\_\_

**Note: Students participating in the summer internship are not to enroll in summer classes.**

## RECOMMENDATION PACKET

List the name, title, address and phone number of two faculty members you have asked to fill out a recommendation packet. At least one of these individuals should be the instructor of a course that you completed in your major.

\_\_\_\_\_  
Name Title Phone Number

\_\_\_\_\_  
Address City State Zip Code

\_\_\_\_\_  
Name Title Phone Number

\_\_\_\_\_  
Address City State Zip Code

## ELIGIBILITY INFORMATION

**Statement of Confidentiality:** The information requested on this form will be used to determine your eligibility for the McNair Scholars Program. **Information received is confidential.**

In order to confirm your low-income status, it is necessary to access either a FAFSA or a 2008 Federal Income Tax Return (If you are still considered a dependent, you must provide either the FAFSA or your 2006 Income tax form and your parent's or guardian's income tax form).

1. I currently receive financial aid and have submitted a FAFSA to UIW.  Yes  No

2. Filing status on 2008 Federal Income Tax Form [check one and fill in the blank].

I was born before January 1, 1985.  Yes  No

Dependent (your parent or someone else can claim you as a dependent on his or her tax return).

Amount of your parent or guardian's taxable income (adjusted gross income): \$\_\_\_\_\_

Amount of your taxable income (adjusted gross income): \$\_\_\_\_\_

3. How many people, including yourself, are in your family? \_\_\_\_\_

### Federal TRIO Programs 2009 Annual Low Income Levels

(Effective January 23, 2009 Until Further Notice)

Size of Family Unit	48 Contiguous States, D.C., and Outlying Jurisdictions	Alaska	Hawaii
1	\$16,245	\$20,295	\$18,690
2	\$21,855	\$27,315	\$25,140
3	\$27,465	\$34,335	\$31,590
4	\$33,075	\$41,355	\$38,040
5	\$38,685	\$48,375	\$44,490
6	\$44,295	\$55,395	\$50,940
7	\$49,905	\$62,415	\$57,390
8	\$55,515	\$69,435	\$63,840

For family units with more than eight members, add the following amount for each additional family member: \$5,610 for the 48 contiguous states, the District of Columbia and outlying jurisdictions; \$7,020 for Alaska; and \$6,450 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](#), Vol. 74, No. 14, January 23, 2009, pp. 4,199-4,201.

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**Certification and Permission to Access Academic Information**

I, \_\_\_\_\_ hereby give permission to the University of the Incarnate Word McNair Scholars Program to obtain any and all academic information including college transcripts, college acceptance, college financial aid/scholarship records, and current grades/academic progress reports. I also give permission for program staff members to request similar information from this and future institutions for follow-up purposes after my enrollment in the program has ended.

Additionally, by signing this form, I certify that all of the information I include in this Application Packet is true and correct to the best of my knowledge.

\_\_\_\_\_  
Name (print)

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**RETURN THE FOLLOWING:**

- (1) This completed Application Form with typed Statement of Purpose,
- (2) Citizenship or permanent resident documentation,
- (3) Copy of Student Aid Report (FAFSA Report or Income Tax Return can be substituted),
- (4) Two Recommendation Packets, and
- (5) Transcripts from all the schools you have attended after graduating from high school.

**APPLICATION DEADLINE:** October 26, 2009

**MAILING ADDRESS:** University of the Incarnate Word  
McNair Scholars Program  
4301 Broadway, UPO #18  
San Antonio, Texas 78209

If you have any questions, contact the McNair Scholars Program Office at (210) 829-2791, visit our website: [www.uiw.edu/mcnair/](http://www.uiw.edu/mcnair/) or fax (210) 805-5857.