

***Program Application***  
***McNair Scholar Program***  
Abilene Christian University

**Student Information**

Name: \_\_\_\_\_ S.S.N.: \_\_\_\_\_  
          Last                      First                      M.I.

Local Address: \_\_\_\_\_  
                                    Street                      Apt.#                      City                      State                      zip

Permanent Address: \_\_\_\_\_  
                                    Street                      Apt.#                      City                      State                      zip

Telephone: Home: \_\_\_\_\_ Work: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Fax: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Gender:  Female  Male

Marital Status:  Single  
 Married  
 Separated  
 Divorced  
 Other

Ethnic Background:  African American/Black  
 American Indian/Alaska Native  
 Asian/Pacific Islander  
 Caucasian/White  
 Hispanic  
 Other

Do you have children?  Yes  No      If yes, how many?

Citizenship Status:  U.S. citizen    Permanent Resident   If P.R., A#

Are you a military veteran?  Yes  No

Do you receive any of the following?

Student Financial Aid    Soc. Sec./S.S.I.    Other  
 AFDC                       Child Support  
 VA/GI Bill                Food Stamps

Do your parents claim you as a dependent on their Income Tax Return? Yes No

If you receive financial aid, what type are you receiving?

Grant  Work Study  Loans  Scholarships

*If you are receiving scholarships, please list*

Do you file you own Income Tax Return? Yes No

Number of dependents in your household:

*(If single include yourself or yourself and your parents; if married include yourself, your spouse, and any*

Have you previously participated in any of the TRIO programs?  Yes No

If yes, please list:

### **Family Information**

Do either of your parents have a four year college degree?  Yes  No

What is the highest grade level completed  
by your Mother?

- GED
- High School
- Technica
- Associate Degree
- 4-yr College
- Grad/Professional/Other

What is the highest grade level completed  
by your Father?

- GED
- High School
- Technical
- Associate Degree
- 4-yr College
- Grad/Professional/Other

Parents' Marital Status:

- Single
- Married
- Divorced
- Separated
- Other

Do your parents receive any of the following?

- Student Financial Aid  Soc. Sec./S.S.I
- AFDC  Child Support
- VA/GI Bill  Food Stamps
- Other

May we utilize your personal information for statistical and /or follow-up information?  Yes No

### **Needs Assessments**

University Status:  Freshman  Sophomore  Junior  Senior  Other

Date of first enrollment at ACU:

Current number of ACU hours accumulated:

If transferring to ACU, what is the number of hours accumulated from other colleges?

Your current cumulative GPA: (ACU) Other

Major(s) field of study: Expected date of Graduation:

Are you presently on academic probation?  Yes  No

Your academic advisor: Department:

Plans after graduation:

- Masters
- Doctorate
- Professional School (Medical, Law, etc.)
- Full-Time Employment
- Other

Do you have a physical or learning disability?  Yes  No

If yes, please explain:

The McNair Program offers many services to students. Please check the areas in which you feel you need assistance:

- |  |   |
|--|---|
| <input type="checkbox"/> Preparation for graduate school | <input type="checkbox"/> Graduate Admissions                |
| <input type="checkbox"/> Graduation Program Selection    | <input type="checkbox"/> Financial Assistance               |
| <input type="checkbox"/> Tutoring                        | <input type="checkbox"/> Personal counseling                |
| <input type="checkbox"/> Academic Advising               | <input type="checkbox"/> Career Counseling                  |
| <input type="checkbox"/> Study Skills                    | <input type="checkbox"/> Research Skills                    |
| <input type="checkbox"/> GRE Preparation                 | <input type="checkbox"/> Stress Management                  |
| <input type="checkbox"/> Test-taking Skills              | <input type="checkbox"/> Mentoring                          |
| <input type="checkbox"/> Relationships                   | <input type="checkbox"/> Interpersonal/Communication Skills |

Who referred you to this program? (name and title/position)

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I hereby certify that the above information is true and correct to the best of my knowledge. I further authorize the McNair Program to receive copies of all my academic and financial aid records, including transcripts, grade reports, financial aid eligibility, and any other information pertaining to my enrollment in McNair, and if accepted I also understand that the requirements of research hours, attendance at meetings, seminars and other McNair events, is basis for my continuation in the program. I also understand that I may be removed from the program for failure to comply with the required program rules.

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*Student Signature*

*Date*