RONALD E. MCNAIR BACCALAUREATE PROGRAM

AT

BOSTON COLLEGE

STUDENT APPLICATION

Deadline:

PLEASE COMPLETE AND RETURN TO:
50 COLLEGE ROAD
ATTN: Sara Wong
PHONE #: 617-552-4551
Questions: ltl@bc.edu

Application Check List (office use only):
___ Completed application
___ Two recommendations forms
___ Guardian Tax return forms
___ Essay (see back page)
___ Unofficial Transcript
The McNair Program is a federally funded program designed to inform and prepare students who are low-income and first generation to college and/or from an underrepresented group in graduate education to matriculate and pursue a graduate education particularly doctoral study.

Accepted students work with McNair staff for the remainder of their matriculation at BC to develop research skills and expertise in the area of study as they prepare for graduate study.

**APPLICANT INFORMATION**

<table>
<thead>
<tr>
<th>Last Name:</th>
<th>First Name:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Eagle ID:</th>
<th>Birth Date:</th>
</tr>
</thead>
</table>

| Gender: | | |
|---------|---------|
| Male | Female |

<table>
<thead>
<tr>
<th>Campus Address:</th>
<th>Permanent Address:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Town</th>
<th>State</th>
<th>Zip</th>
<th>Town</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Cell Phone:</th>
<th>Permanent Phone:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Email Address:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Citizenship Status:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>U.S. Citizen</td>
<td>Permanent Resident</td>
</tr>
</tbody>
</table>

Race (circle all that apply):

- American Indian/Alaskan Native
- Asian
- Black/African American
- Native Hawaiian/Pacific Islander
- White

Ethnicity: Do you also identify yourself as Latino or Hispanic?  □ Yes  □ No

**SCHOOL INFORMATION**

List the names of all the colleges and universities you attended.

<table>
<thead>
<tr>
<th>School Name</th>
<th>Dates entered</th>
<th>Dates left</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Major:</th>
<th>Minor:</th>
<th>GPA:</th>
<th>Overall</th>
<th>Major</th>
</tr>
</thead>
</table>

Pre-Collegiate Programs under TRiO

Have you participated in any of the following programs? (Check all that apply)

- Talent Search
- Upward Bound
- UB-Math/Science
- EOC
- Gear Up
- Upward Bound Veterans
- Other: ____________________________

Rev. 10/2019

mcnairapp.doc
**ACADEMIC STATUS**

How many credits have you completed? ____________________________

What is your class standing? Enrollment Status?

_____ Freshman
_____ Sophomore
_____ Junior
_____ Senior

_____ Full time
_____ Part time
_____ Other __________

What is your expected graduation date? ________________

Do you identify as a first generation college student? _____ Yes _____ No

Do you intend to apply to graduate school? _____ Yes _____ No

What is the highest degree you intend to complete?

- [ ] Master's
- [ ] Academic Doctorate (Ph.D., Ed.D)
- [ ] Uncertain
- [ ] Professional Doctorate (J.D., M.D.)

**FAMILY INFORMATION**

*First generation is defined as a student whose parent(s) or guardian(s) did not complete a bachelor’s degree*

Did your mother or your father graduate from a 4-year U.S. college or university? (Bachelors Degree)

Father _____ Yes _____ No

Mother _____ Yes _____ No

What is the highest degree of education completed by your parents/guardian(s)?

Mother ____________________________

Father ____________________________

List two contacts who will know your address in the future (one who is not a relative):

<table>
<thead>
<tr>
<th>Name</th>
<th>Name: ____________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td>Address: ____________________________</td>
</tr>
<tr>
<td>City:</td>
<td>City: ____________________________</td>
</tr>
<tr>
<td>State:</td>
<td>State: ____________________________</td>
</tr>
<tr>
<td>Zip Code:</td>
<td>Zip Code: ____________________________</td>
</tr>
<tr>
<td>Phone:</td>
<td>Phone: ____________________________</td>
</tr>
<tr>
<td>Relationship:</td>
<td>Relationship: ____________________________</td>
</tr>
</tbody>
</table>
ADDITIONAL PROGRAM INFORMATION
Have you participated in any of the following programs? (Check all that apply)
College Transition Program (CTP) ______
Options Through Education (OTE) ______
McNair Exploratory Program (MEP) ______
Other _______________________________________

INCOME INFORMATION
What is your family’s annual income? ____________________________
What is your annual income (if you are the head of household)? ______________
What is the total number of people in your household? ________________

ADDITIONAL INFORMATION
All documentation below need to be on file before your application is reviewed!
Please provide:
1. Unofficial copy of your transcript
2. Two recommendations: one from a professor in your major (preferably) and the other from a
   Boston College administrator or employer
3. Proof of income: a copy of last year’s tax forms from you and/or your parent(s)/guardian, or
   your student aid report (SAR) from FAFSA
4. An essay of two pages or less describing:
   o Your reasons for choosing to participate in the McNair Program.
   o Your plans after graduation in regards to furthering your education and
     your career goals.
   o How will the McNair Program help you fulfill your plans in regard to your
     education and career?

FORMS OF RECOMMENDATION
List the names of your recommenders below:
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

I attest that the above information is true and correct. I give permission to the McNair Scholars
Program at Boston College to access my academic and financial records for verification and reporting
purposes. I also give permission to use any photos for public display in the various media forums.

Signature: ___________________________________________ Date: __________