

**Georgia State University**  
**Office of Educational Opportunity & TRIO Programs**  
**McNair Post-Baccalaureate Achievement Program Application**



Please type entire application (except signature) and required essay.

Application may also be accessed at [www.gsu.edu/mcnair](http://www.gsu.edu/mcnair).

**Name:** \_\_\_\_\_  
Last First Middle

-  -   
 Social Security Number:  
 -  -   
 Panther ID:

**School Mailing Address:** \_\_\_\_\_  
Street Apt. No

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City State Zip

**Permanent Mailing Address:** \_\_\_\_\_  
Street Apt. No

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City State Zip

**Phone:** (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

**E-mail address:** \_\_\_\_\_

**Birth Date**    **Gender:**  Female  Male  
Month Day Year

**Marital Status:**  Single  Married  Divorced  Widowed

**Citizenship:**  U. S. Citizen  Permanent Resident  Other \_\_\_\_\_

**Racial/Ethnic Background:** (check one)

African American     
  Caucasian     
  American Indian     
  Hispanic  
 Alaskan Native     
  Asian /Pacific Islander     
  Other

**Institutional History:**

List in order the FULL NAME of every college or university you have attended prior to GSU.	Location city, state	Dates of Attendance		Credit Hours Completed	GPA	Degree earned
		From	To			
		Month, year	Month, year			

**Institutional Entry Date: (mm/yy)** \_\_\_\_\_

**Institutional Entry Level:**  Freshman  Transfer  Nontraditional  Other \_\_\_\_\_

**Current Classification:**  Freshman  Sophomore  Junior  Senior

**Graduation Date: (mm/yr)** \_\_\_\_\_ **Hours Completed as of Last Report** \_\_\_\_\_

**Indicate which graduate degree(s) you are considering** (M.A., M.S., M.D., Ph.D, Other)

Degree \_\_\_\_\_ Discipline \_\_\_\_\_

**First Generation Verification:**

Did either parent/guardian complete a bachelor's degree; or did the parent/guardian with whom you resided and received support from (up to age 18) receive a bachelor's degree?  yes  no  
**(If you marked yes above, skip the Income section below.)**

**Income Verification:**

Attach a copy of most recent tax Form 1040, 1040A, 1040EZ, Family Financial Statement, **Student Aid Report (SAR)** or other evidence of your (if an independent student) or your family's (if a dependent student) **taxable** income.

**Income Tax Filing Status:** (check one)

- Yes, a form was filed for my household, **OR**  
 No, a form was not filed, because no income was earned during the most recent tax period

**No. of persons living in household?** \_\_\_\_\_

- Dependent Applicant?** (resided with & received support from parent(s))  
 **Independent Applicant?** (at least 24 yrs. of age; or a veteran, orphan, married, or have dependents other than a spouse)

**Other Necessary Documents:**

**1. Financial Aid:** Include a copy of your financial aid award letter with application, if you have declared yourself as a first generation low income applicant.

**2. Transcript:** Include a copy of your current academic transcript with application.

**3. Essay: On a separate sheet of paper, type a one page essay addressing each of the following:** (1) your academic and research interests, (2) career goals, (3) how participation in the McNair program will impact your educational and career goals, (4) why you want to attend graduate school, and (5) any additional information relevant to this program.

**4. Recommendation Forms:**

There are two recommendation forms included with this application. Please have each form completed by a faculty member.

**Certificate of Eligibility:** This is to certify that I am either a citizen of the U.S.; a permanent resident of the U.S.; in the U.S. for reasons other than a temporary purpose, and can provide evidence from the Immigration and Naturalization Service of my intent to become a permanent resident; a permanent resident of the Trust Territory of the Pacific Islands, Guam, or the Northern Mariana Islands; a resident of one of the Freely Associated States; or currently enrolled in a degree program at an institution of higher education that participates in the student financial assistance programs authorized under **Title IV of the HEA.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

I further certify that the information provided on this application is true to the best of my knowledge, and I understand that any omission or misrepresentation of facts or failure to furnish information will automatically invalidate consideration of this application and/or acceptance to the program.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

(Parent's signature required for students who are under age 24 and have not declared independent status.)

Federal and state laws require all colleges and universities receiving federal funds to establish certain programs, policies and procedures, and to distribute an annual report describing them and providing statistics regarding: graduation rates; drug, alcohol and weapon violations; and certain crimes on campus, which include murder, robbery, aggravated assault, burglary, motor vehicle theft and sex offenses. Georgia State University's annual report and information regarding these programs, policies, procedures and statistics are available upon written request to the Georgia State University Office of University Relations. By mail: Office of University Relations, Georgia State University, University Plaza, Atlanta, GA 30303-3083. In person: Suite 400, One Park Place South.

Georgia State University, a unit of the University System of Georgia, is an equal opportunity educational institution and is an equal opportunity/ affirmative action employer. Office of University Relations, Publication No. G032059. The McNair Program is a TRIO Program funded by the U.S. Department of Education.

**For Office Use Only**

\_\_\_\_ Transcript

\_\_\_\_ Recommendation #1

\_\_\_\_ Tax Forms

\_\_\_\_ Recommendation #2

\_\_\_\_ Financial Aid Info

\_\_\_\_ Essay

\_\_\_\_ LIFG

\_\_\_\_ UR (check one)

\_\_\_\_ Decision

Application Year:

Date of Acceptance:

## McNair Program -- Recommendation Form

### Office of Educational Opportunity and TRIO Programs

This section is to be completed by the applicant. ***Please print or type.***

\_\_\_\_\_  
 Last Name                      First                      Middle                      Graduate discipline of interest

- I hereby WAIVE my right of access to all letters of recommendation sent to OEO/TRIO McNair Program at Georgia State University.
- I do NOT waive my right of access to all letters of recommendation sent to OEO/TRIO McNair Program at Georgia State University.

**OPTIONAL:** (This waiver is not required as a condition for admission to or receipt of any other services and benefits from the Office of Educational Opportunity.)

Date \_\_\_\_\_ Signature \_\_\_\_\_

**This section is to be completed by the faculty evaluator. A written letter to accompany this form is encouraged. Please return directly to the address below.**

How long have you known the applicant and in what capacity? Give dates if possible.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What is your frank appraisal of the applicant's promise as a graduate student and future Scholar? What are the applicant's greatest strengths and weaknesses? (Please use another sheet if necessary.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

In comparing a group of students in the same field who have had approximately the same amount of experience and training, how does the applicant rate in the following areas? (Below average = lowest 40 percent; Average = middle 20 percent; Somewhat above average = next 15 percent; Good = next highest 15 percent; Outstanding = highest 10 percent).

	Below Average	Average	Somewhat Above Average	Good	Out- Standing	Unable to Judge	Other Comments
Academic aptitude and potential for graduate work							
Present academic performance in area of concentration							
Motivation for the pursuit of advanced graduate study							

Signature \_\_\_\_\_ Title \_\_\_\_\_ Institution \_\_\_\_\_

Name \_\_\_\_\_ Date \_\_\_\_\_ Phone \_\_\_\_\_  
 (please type or print)

**Return this form to : Ronald E. McNair Post-Baccalaureate Achievement Program**

**Mail:** McNair Program, P.O. Box 3996, Sparks Hall Room 152, 30 Gilmer Street, Atlanta, GA 30303

**In Person:** McNair Program, Sparks Hall Room 152, 30 Gilmer Street, Atlanta, GA 30303, **1<sup>st</sup> floor**

**Phone:** 404/ 413-1688 **Fax:** 404/ 413-1958 **Email:** [mcnair@gsu.edu](mailto:mcnair@gsu.edu) **Website:** [www.gsu.edu/mcnair](http://www.gsu.edu/mcnair)

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Motivation for the pursuit of advanced graduate study							
Signature							

Title \_\_\_\_\_ Institution \_\_\_\_\_

Name \_\_\_\_\_ Date \_\_\_\_\_ Phone \_\_\_\_\_  
 (please type or print)

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