

Southeast Missouri State University
Ronald E. McNair Post-baccalaureate Achievement Program
Preliminary Application

If you are a sophomore/junior planning to go to graduate school upon graduation from Southeast Missouri State University, the McNair Scholars Program may be of an utmost interest to you. Please complete this **preliminary application** and return to the following address for an initial assessment of your eligibility.

McNair Scholars Program
Southeast Missouri State University
University Center, Rm. 414, MS 1550
Cape Girardeau, MO 63701

All information is confidential. If you are concerned about any of the questions asked on this form, please discuss them with the McNair Director.

Date: _____ **Name:** _____ **Student ID** _____
Last First MI

Local Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Local Phone: _____ **E-Mail:** _____

Permanent Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Major: _____ **GPA:** _____ **Are you a U.S. Citizen?** ___Yes ___No

Gender: F ___ M ___ **Are you a veteran?** ___Yes ___No

Ethnicity: ___African American ___Hispanic/Chicano/Latino ___Asian ___SE Asian
___Native American/Pacific Islander (Native Hawaiian, Guamanian or Samoan)
___Caucasian ___Other

Number of credits completed: _____ **Number of credit hours currently enrolled:** _____

Projected Graduation Date: _____ **Financial Aid Status:** ___Independent ___Dependent

Please check the category which matches the deductions claimed and **taxable income** for the current tax year (Line# 39 on the 1040, Line #27 on the 1040A, Line #6 on the 1040EZ tax return forms) as reported on the tax return you were claimed on: your parents', guardian's, or your own if you are independent.

- | | | |
|-------------------|-------------------|-------------------|
| 1) _____ \$15,600 | 2) _____ \$21,000 | 3) _____ \$26,400 |
| 4) _____ \$31,800 | 5) _____ \$37,200 | 6) _____ \$42,600 |
| 7) _____ \$48,000 | 8) _____ \$53,400 | 9) _____ Other |

For family units with more than 8 members, add the following amount for each additional family member: \$5,400 for the 48 contiguous states, the District of Columbia and outlying jurisdictions; \$6,750 for Alaska; and \$6,210 for Hawaii.

Number of people in the household: _____ **Do you currently receive Pell Grant?** ____ Yes ____ No

Has either of your parents obtained a four-year bachelor's degree? ____ Yes ____ No

I certify all of the above information to be true and I hereby authorize the McNair Scholars Program to obtain educational records and information, as deemed appropriate by the McNair Scholars Program staff.

Applicant's Signature

Date

Please Note: All questions about the program should be forwarded to the Program Director at (573) 986-6117.

FOR OFFICE USE ONLY

Director's Signature _____ *Eligibility Summary: LI* ____ *FG* ____ *LIFG* ____

Underrepresented ____