

**University of Nevada, Las Vegas
 McNair Scholars Institute
 Center for Academic Enrichment and Outreach
 4505 Maryland Parkway, SSC-301, Box 452006
 Las Vegas, NV 89154-2006**

SECTION 1		
PERSONAL DATA		
Last Name:	First Name:	Middle Initial:
Social Security #:	Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
L#:	Email Address:	
Race: <input type="checkbox"/> American Indian / Alaskan Native <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Black (non-Hispanic) <input type="checkbox"/> Other (specify): _____		
Citizenship: <input type="checkbox"/> US Citizen <input type="checkbox"/> Permanent Resident - Alien Number: A _____		
PARENT/GUARDIAN'S PERMANENT ADDRESS CONTACT INFORMATION		
Parent/Guardian Name:		
Address:		
City:	State:	Zip:
Primary Phone:		Alternate Phone:
Email Address:		
Relationship:		
FAMILY INFORMATION		
The information in this section is requested only for the determination of your eligibility for the McNair Scholars Institute. Please respond only for those who regularly reside in your household.		
Do you reside with your mother? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you reside with your father? <input type="checkbox"/> Yes <input type="checkbox"/> No
Highest level of education completed by your mother: <input type="checkbox"/> Middle School / Junior High <input type="checkbox"/> High School <input type="checkbox"/> Associate's Degree <input type="checkbox"/> College or Beyond <input type="checkbox"/> Other / Unknown		Highest level of education completed by your father: <input type="checkbox"/> Middle School / Junior High <input type="checkbox"/> High School <input type="checkbox"/> Associate's Degree <input type="checkbox"/> College or Beyond <input type="checkbox"/> Other / Unknown

DEPENDENT STATUS	INDEPENDENT STATUS (Over 24 or with a child)
How many persons, including you, reside in your parents' household? _____	How many persons reside in your household, including you, your spouse, and dependents? _____
Did your parents/guardian file a federal income tax return for the previous year? <input type="checkbox"/> Yes <input type="checkbox"/> No	Did you file a federal income tax return for the previous year? <input type="checkbox"/> Yes <input type="checkbox"/> No
Refer to your taxable income on IRS forms 1040, 1040A, or 1040EZ for the previous year. What was <i>their</i> taxable income ? _____	Refer to your taxable income on IRS forms 1040, 1040A, or 1040EZ for the previous year. What was <i>your</i> taxable income ? _____

SECTION 2

ACADEMIC INFORMATION

Academic college you are currently enrolled in:

Major:	Minor:
Advisor:	Total Credits Earned:
Overall GPA:	GPA in Major:
Class Standing: <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/> Other (specify): _____	
Number of Credits in Progress for Current Semester: _____	Expected Graduation Date (month/year): _____

ACADEMIC HONORS AND AWARDS

Please list any academic honors and awards and indicate date received.

<u>Honors/Awards</u>	<u>Date</u>
_____	_____
_____	_____
_____	_____

RESEARCH INTERESTS

Have you had any previous research experience? Yes No

If so, please briefly describe the nature of this experience.

If you wish to pursue research in a particular discipline, please indicate your first and second choices.

- | | | |
|---|--|--------------------------------------|
| <input type="checkbox"/> Biology | <input type="checkbox"/> Engineering | <input type="checkbox"/> Psychology |
| <input type="checkbox"/> Business | <input type="checkbox"/> English | <input type="checkbox"/> Sociology |
| <input type="checkbox"/> Chemistry | <input type="checkbox"/> History | <input type="checkbox"/> Spanish |
| <input type="checkbox"/> Communications | <input type="checkbox"/> Mathematics | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Computer Science | <input type="checkbox"/> Philosophy | (specify) |
| <input type="checkbox"/> Education | <input type="checkbox"/> Political Science | |

Do you have a specific topic you would like to research? If so, please describe your research interest.

FACULTY MEMBERS

Please list three faculty members with whom you have worked on research projects before.

Name:	Title:
Department:	Phone Number:
Name:	Title:
Department:	Phone Number:
Name:	Title:
Department:	Phone Number:

SECTION 3

LETTERS OF RECOMMEDATION

The letters by faculty members who are familiar with your work must be directly submitted to the McNair office. Each letter should address your academic and research abilities as well as your potential for graduate study. In the space below, please provide the names of the three people who will recommend you.

Name:	Phone Number:
Name:	Phone Number:
Name:	Phone Number:

TO BE COMPLETED BY ALL STUDENTS

Essay: On a separate sheet, write a brief essay (300 to 500 words) on your academic, professional, and personal goals and how your participation in the McNair Scholars Institute will help you achieve these goals. Include a description of the research topic(s) you would like to explore during your internship.

CERTIFICATION

I certify that the information I have supplied is complete and accurate to the best of my knowledge. If I am selected to participate in the McNair Scholars Institute, I agree to participate in all its activities until I graduate, and to review my transcripts with my advisor each semester.

SIGNATURE

DATE

**RECOMMENDED APPROVAL
COORDINATOR'S SIGNATURE**

**APPROVED
DIRECTOR'S SIGNATURE**

ATTENTION STUDENT: Please review the statement below.

Optional: I hereby waive my right to have access to this recommendation as so indicated by my signature below. I understand that this waiver will not affect my admission or my ability to receive any services provided by the McNair Scholars Program.

SIGNATURE

DATE

MCNAIR SCHOLARS INSTITUTE

TO THE RECOMMENDER

Candidate's Name: _____

Recommender's Name: _____ **Department:** _____

The McNair Scholars Institute is designed to prepare selected undergraduate students for graduate study in a Ph.D. program. The students conduct research under the mentorship of a faculty member, and attend graduate education seminars and computer workshops. Please help us assess the ability and motivation of this student by responding to the following questionnaire and/or providing a letter of recommendation for the candidate.

How long have you known this student and in what capacity?

To what extent do you believe the applicant could benefit from this Institute?

How does the applicant rate in the following areas in comparison with students in the same field and with similar experience and training?	Below Average	Average	Somewhat Above Average	Good	Unable to Judge
	Lower 40%	Middle 20%	Next 15%	Next Higher 15%	
Academic Aptitude and Potential for Graduate School					
Present Academic Performance in Area of Concentration					
Motivation for the Pursuit of Advanced Graduate Study					
Emotional Maturity and Stability					
Self-Reliance and Independence					
Ability in Written Expression					

RECOMMENDER'S SIGNATURE

DATE

Please return your statements to:

UNLV McNair Scholars Institute
Center for Academic Enrichment and Outreach
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