Welcome to USD McNair Scholars! We look forward to speaking with you.

To complete your application, we need the following:

___ USD McNair Scholars student application form
___ Student statement of interest/cover letter (see instructions below)
___ One letter of recommendation from a professor (form attached)
___ Unofficial transcripts (all colleges and universities)
___ Copy of Social Security card
___ Copy of Permanent Resident card/Naturalization Documentation or Birth Certificate/Passport
___ Disability certification from USD Disability Services (if you are a student with a documented disability)
___ Your 2014 or 2015 Federal Tax return (1st two pages of 1040 or 1040A; parents’ return if you are a dependent)

Instructions for Statement of Interest

Please provide a statement that is no longer than 500 words, addressing the following items:

A. What is your motivation for applying to the USD McNair Scholars Program?

B. Discuss previous research or academic project(s) with significant research components, including 1) the issue or question that you examined and its significance, and 2) methodology.

C. Describe your future education and/or career goals, and explain how participation in the McNair Scholars program is relevant to these goals.

If you would like to be considered for funding to conduct research this summer, please submit a research proposal to mcnairscholars@sandiego.edu.
USD TRiO McNair Scholars Student Application Form

The following information is requested to determine your eligibility for the Program. Please answer all questions completely. All information given is kept confidential.

**I. Personal Information**

Name: ____________________________________________

Last First MI

SSN: _____-____-_____; Date of birth: _____/_____/_____; Student ID number: ______________

Permanent address: ________________________________________________________________

Street City State Zip

Local address: ________________________________________________________________

Street City State Zip

Permanent phone: __________________ Mobile phone: __________________

Email (1): ___________________________ Email (2): ___________________________

**Marital Status:** Single Married **Gender:** Male Female

**Ethnicity:** American Indian or Alaskan Native Asian White

Black or African American Hispanic or Latino

Native Hawaiian/Other Pacific Islander More than one race

Is English your first language? Yes No

If no, what is your first language? __________________________________________________

What is the highest degree you are interested in obtaining? Bachelor’s Master’s PhD MD JD

Other ______________________________________

**II. Eligibility**

You are a U.S. Citizen: Yes No

OR

You are a Permanent Resident: Yes No Registration No.: ________

Family taxable income for 2014-2015: __________________________

Family size reported: __________________________

You will receive Financial Aid 2014-2015: Yes No

You completed a 2014-2015/2015-2016 FAFSA: Yes No

You have a documented disability: Yes No

You have registered with USD’s Disability Services: Yes No

You have received services from a TRiO program: Yes No N/A

If yes, state TRiO program and institution: ____________________________________________
Parent/Guardian Academic Information

<table>
<thead>
<tr>
<th>Father/Guardian</th>
<th>Mother/Guardian</th>
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</thead>
<tbody>
<tr>
<td>Name:</td>
<td>Name:</td>
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<td></td>
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<tr>
<td>Occupation:</td>
<td>Occupation:</td>
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</tbody>
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Please check HIGHEST level of education completed:

- Elementary to High School
- Post-Secondary
  - Associate's degree (2-year)
  - Bachelor's degree (4-year)
  - Master's degree
  - Ph.D.
  - Other professional degree
- Other

Last institution attended/completed:

I hereby affirm that all information in this application is true and correct. I also understand that a false statement or misrepresentation will make the applicant ineligible for the USD TRIO McNair Scholars Program.

II. Educational History

Current grade level (2014-15 when accepted)

<table>
<thead>
<tr>
<th>Sophomore</th>
<th>Junior</th>
<th>Senior</th>
</tr>
</thead>
<tbody>
<tr>
<td># units</td>
<td># units</td>
<td># units</td>
</tr>
<tr>
<td>Transfer</td>
<td>Yes</td>
<td>From which college? # of Units transferred to USD</td>
</tr>
</tbody>
</table>

Current enrollment status:

<table>
<thead>
<tr>
<th>Full-time</th>
<th>Part-time</th>
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</thead>
</table>

Number of units completed: ________________ USD GPA: ________________

Major(s): __________________________Minor(s): _______________________

Anticipated graduation date: __________________________

Other colleges attended: Dates attended (Please be specific):

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________
III. Need for Academic Support Services

Check programs that you would like to participate in or get assistance from: (check all that apply)

Career counseling          Personal counseling          Academic counseling/advising
Computer workshops         Obtaining internships         Graduate school visits
Assistance w/ financial aid/scholarships Tutoring Cultural activities
Faculty/student mentoring  Assistance with application for admission to graduate school

Who referred you to the USD TRiO McNair Scholars Program? ____________________________________________

Would you like to participate in the McNair Scholars Summer Research Program 2015? (Yes/No)

Are you applying to the Summer Undergraduate Research Experience (SURE) Program? (Yes/No)

Please identify a prospective faculty mentor (Name & department): ____________________________________________

* If you have more than one prospective faculty mentor, please list them all:

________________________________________________________________________________________

I hereby certify that all statements on this application are true and complete to the best of my knowledge and belief. If accepted, I understand that any falsification of this record or failure to disclose requested information may be considered cause for immediate dismissal.

Signature: ____________________________________________ Date: ________________________________