

# Summer

## Ronald E. McNair Post-Baccalaureate Achievement Program

Please read application thoroughly and answer all questions fully. Incomplete applications cannot be processed.

### Statement of Confidentiality

The information contained in this application is for the purpose of determining the applicant's eligibility for the McNair Program. All information received is confidential.

### PART I: APPLICANT INFORMATION

FIRST NAME:	<input type="text"/>	MIDDLE NAME:	<input type="text"/>	LAST NAME:	<input type="text"/>
CELL PHONE:	<input type="text"/>	STUDENT ID NUMBER:	<input type="text"/>		
EMAIL:	<input type="text"/>	RACE:	<input type="text"/>		
DATE OF BIRTH:	<input type="text"/>	ETHNICITY:	<input type="text"/>		
GENDER:	<input type="text"/>	CITIZENSHIP:	<input type="text"/>		
MAJOR:	<input type="text"/>	ACADEMIC ADVISOR:	<input type="text"/>		
CLASS YEAR:	<input type="text"/>	MINOR:	<input type="text"/>		
CURRENT GPA:	<input type="text"/>	GRADUATION YEAR:	<input type="text"/>		
SCHOOL ADDRESS:	<input type="text"/>	PERMANENT ADDRESS:	<input type="text"/>		
<input type="text"/>		<input type="text"/>			
<input type="text"/>		<input type="text"/>			
<input type="text"/>		<input type="text"/>			

### PART II: ACADEMIC INFORMATION

Please submit a copy of your most recent academic transcript and your resume/Curriculum Vitae.

Do you intend to pursue a doctoral degree?	<input type="text"/>	If yes, which type?	<input type="text"/>
Do you intend to pursue a professional degree?	<input type="text"/>	If yes, which type?	<input type="text"/>

Two letters of recommendation are required from professors who can speak to your abilities as a student and potential researcher. Please list their names, email addresses, and phone numbers below:

Name:	Department:	Email:	Phone:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

### PART III: ELIGIBILITY INFORMATION

Please submit a photocopy of the federal income tax documentation for the person who claims you as a dependent.

Mother's Name:	<input type="text"/>	Father's Name:	<input type="text"/>
Highest Level of Education Attainment:	<input type="text"/>	Highest Level of Education Attainment:	<input type="text"/>
Country In Which Degree was Obtained:	<input type="text"/>	Country In Which Degree was Obtained:	<input type="text"/>
Did you live with a parent who had a four-year degree during high school?	<input type="text"/>		
Have you ever been a member of a TRIO program? (Talent Search, Upward Bound, Upward Bound Math/Science)	<input type="text"/>	If yes, which program?	<input type="text"/>

### PART IV: STATEMENT OF PURPOSE

Submit an essay of no more than two pages. Explain how participation in the McNair Program will fit into your long-range academic and professional plans and discuss any relevant research experience you have had.

**THE DAVID T. KEARNS CENTER**  
FOR LEADERSHIP AND DIVERSITY IN ARTS, SCIENCES AND ENGINEERING

The mission of the David T. Kearns Center for Leadership and Diversity in Arts, Sciences and Engineering at the University of Rochester is to expand the pool of individuals who pursue undergraduate and graduate degrees.



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### PART V: RESEARCH AREA OF INTEREST

For diagnostic purposes, on a separate piece of paper please discuss the research area you would like to explore if selected to participate in this program. Be as specific as possible about the topics of particular interest to you. Although you may not be able to pursue this exact research, we will be better able to place you if we have a good sense of your interests.

Please list up to five University of Rochester faculty (and their department) with whom you might be interested in working, and indicate whether you have contacted any of these individuals.

Name:	Department:	Email:	Phone:	Contacted?	
				Yes <input type="checkbox"/>	No <input type="checkbox"/>
				Yes <input type="checkbox"/>	No <input type="checkbox"/>
				Yes <input type="checkbox"/>	No <input type="checkbox"/>
				Yes <input type="checkbox"/>	No <input type="checkbox"/>
				Yes <input type="checkbox"/>	No <input type="checkbox"/>

### PART VI: TERMS OF AGREEMENT

By submitting your application and typing your name below, you are indicating that all of the information contained within is complete and correct to the best of your knowledge. Additionally, you grant the Kearns Center permission to check all relevant academic and University records.

Name \_\_\_\_\_

Application Deadline: Friday February 10, 2012 at 5:00 p.m.

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