ELIGIBILITY

- US Citizen or permanent legal resident of the U.S.
- Enrolled in good standing (min. 3.2 GPA) in a bachelor’s degree program.
- Have 2 years of undergraduate studies remaining.
- Must be a first generation college student AND qualify as limited income OR
- Belong to a group that is underrepresented in graduate education (African American/Black, American Indian/Alaskan Native, Hispanic/Latino or Native Hawaiian/Pacific Islander).
- Participant must have a STRONG desire to pursue a Ph.D.

PROGRAM BENEFITS

- Work with a faculty research mentor.
- Summer research stipend of $2800.
- Opportunities to publish and present at research conferences.
- Funded travel opportunities for local, regional, and national conferences.
- GRE test preparation, tutoring, and fee reduction qualification.
- Assistance in identifying and applying to graduate schools.
- Assistance in locating and applying to research internships.
- Assistance in applying for financial aid and funding.
- Fee waivers for graduate school applications.

TO APPLY

Stop by the TRIO office and pick up an application. A complete application packet includes the following:

- Completed application form.
- Personal Statement.
- A resume or CV.
- Names of 2 faculty recommenders.
- A copy of college transcripts from each institution you have attended including ISU.

The TRIO McNair Scholars Program is 100% funded by the U.S. Department of Education and is hosted by Idaho State University.
Idaho State University
TRIO MCNAIR SCHOLARS PROGRAM
APPLICATION FORM
Please type or print clearly. Use blue or black ink only.

Student Information

1.) Last Name___________________________________________ First Name____________________________________________________________ M.I.________
2.) Social Security Number_____—_____—_____ (required by U.S. Dept. of Ed) Bengal ID#________________________
3.) Permanent Mailing Address______________________________________________________________________________________
   City__________________________State________Zip________
4.) Local Address (leave blank if the same as permanent address) _______________________________________________________________________
   City__________________________State________Zip________
5.) Home Phone____________________ Cell Phone_______________________________
6.) ISU email________________________________________________________ Alternate Email__________________________________________
7.) Date of Birth_____/______/________
8.) Sex: □ Male □ Female
9.) Ethnicity/Race: Please check all applicable boxes
   Is the applicant Hispanic Latino? □ Yes □ No
   □ American Indian/Alaskan Native □ Black/African American □ Asian
   □ Native Hawaiian/Pacific Islander □ White/Caucasian
10.) Citizenship:
    □ US Citizen □ Permanent Resident
        What is your permanent resident number: __________________________
11.) Current standing:
    □ Sophomore (26-57 credits) □ Junior (58-89 credits) □ Senior (90+ credits)
12.) Are you currently enrolled in Idaho State University? Yes______ No______
    Major__________________________ Cumulative GPA______ Major GPA______
    Intended Semester and Year of Graduation: ________________________________
    Degree you are pursuing: □ B.A □ B.S. □ Other: ______
13.) Career Goal: ____________________________________________________________
    Highest Degree Objective:
    □ Unknown □ Master’s □ Ph.D. □ Ed.D. □ Other Doctorate (JD, MD, DVM, etc.) □ Other:______
**Student Eligibility Information**

14.) What is the highest level of education completed by each parent/guardian (legal guardian serving in the role of parent) before you were 18 years old:

Father:  □ Unknown  □ Elementary school (k-8)  □ High School  
□ College (Associate’s Degree/less than 4 years)  □ College (Bachelor’s degree or higher)

Mother: □ Unknown  □ Elementary school (k-8) □ High School  
□ College (Associate’s Degree/less than 4 years)  □ College (Bachelor’s degree or higher)

15.) Please answer the following questions about yourself if you (the student) are **less than 24 years old**, OTHERWISE skip to #16.

a. Are you married?  □ Yes  □ No

b. Do you have children or other dependents (other than spouse) who you supply more than half their support?  □ Yes  □ No

c. At any time since reaching 13 years of age, were you an orphan, in foster care, or a ward of the court?  □ Yes  □ No

d. Prior to reaching 18 years of age, were you an emancipated minor or did you have a court-appointed legal guardian?  □ Yes  □ No

e. Are you serving on active duty (for other than training purposes) in the Armed Forces?  □ Yes  □ No

f. Are you a US Armed Forces veteran who was on active duty and was released under conditions other than dishonorable conduct?  □ Yes  □ No

h. Are you less than 18 years of age and have no parent or guardian?  □ Yes  □ No

i. Are you homeless (i.e., you lack a fixed, regular, and adequate nighttime residence) or are at risk of becoming homeless?  □ Yes  □ No

16.) If you checked **“Yes”** to one or more of the boxes above, you are likely an independent student. Please fill out Section A

If you checked **“No”** to ALL of the boxes above, or are younger than 24 years of age, you are likely a dependent student. Please fill out Section B.

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**Section A - Independent**

Number of people reported on taxes: ________

□ Taxable Income reported (IRS form 1040 line 10)  
$ __________________

□ No taxable income/not required to file

Total income for January to December of last calendar year  
$ __________________

____________________________________
Student Signature

____________________________________
Date

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**Section B - Dependent**

Number of people reported on taxes: ________

□ Taxable Income reported (IRS form 1040 line 10)  
$ __________________

□ No taxable income/not required to file

Total income for January to December of last calendar year  
$ __________________

____________________________________
Parent Signature

____________________________________
Date
STATEMENT OF PURPOSE

On one, single-spaced page, please explain:
1. Your family and educational background
2. Your education and career goals
3. Your research experiences, if any
4. How the TRIO McNair Program can help you attain your goals
5. Please also address any financial, familial, or other personal responsibilities or challenges you may have in the next couple of years (outside of regular academic coursework).

Application Certification

If you (the student) are less than 24 years old and answered NO to all the question in #15, YOUR parent/legal guardian MUST also read and sign this document.

Certification and Signatures
I/We certify that all of the information contained in this applications is true and complete to the best of our knowledge.
I/We certify that the information provided concerning citizenship and eligibility is accurate.
I/We understand that the completion of this application does not guarantee acceptance in the TRIO McNair Scholars program.
I/We understand that purposefully providing false information may result in repayment or charge to my student account of some or all of the research funds and support provided me by the ISU TRIO McNair Scholars Program.

Student Signature ________________________________________________________________ Date __________________
Parent/Guardian Signature __________________________________________________________ Date __________________

Program Release Statement

This release form enables the Idaho State University TRIO McNair Scholars Program to obtain necessary academic and personal information and records, including grade reports and transcripts, admission and enrollment, financial aid eligibility and awards, US residency status, demographic and contact information, for the purpose of determining eligibility, developing education plans, and recording and collecting program statistics. I authorize the Idaho State TRIO McNair Scholars Program to use information and images related to my program participation in newsletters, web pages, and other program-related publications. This information may be shared with the US Department of Education and Idaho State University and TRIO McNair Program personnel in accordance with federal regulations and university policy. My signature below indicates that I hereby authorize the release of my academic and personal records to the TRIO McNair Scholars Program at Idaho State University for the purpose of serving my needs and meeting its federal regulations.

Student Signature ________________________________________________________________ Date __________________

Letters of Reference

Please provide the information for two faculty members who are familiar with your academic abilities and who can assess your potential to succeed in graduate school. The ISU TRIO McNair Scholars Program will contact your references to obtain letters on your behalf.

1.) __________________________________________________________________________
   Faculty Member Name ___________________________ Department __________ Email Address

2.) __________________________________________________________________________
   Faculty Member Name ___________________________ Department __________ Email Address

In accordance with the Family Educational Rights Privacy Act of 1974 (FERPA), applicants may waive their rights to see faculty recommendations. Please indicate your choice and sign on the appropriate line below.

☐ I waive my right to see this recommendation         ☐ I retain my right to see this recommendation

Student Signature ________________________________________________________________ Date __________________