



UNIVERSITY OF WISCONSIN- RIVER FALLS

Ronald E. McNair Post-Baccalaureate Achievement Program

Preliminary Application 2009-2010

If you are a sophomore or junior planning to go to graduate school upon graduation from UW-River Falls, the McNair Scholars Program may be of great benefit to you. Please complete this preliminary application and return it to the following address for an assessment of your eligibility.

McNair Scholars Program
Academic Success Center
105 Davee Library
University of Wisconsin-River Falls
410 S. Third Street
River Falls, WI, 54022

All information will be kept confidential

Date: _____

Name: _____ Falcon ID: _____

Local/Campus Address: _____

Permanent Home Address: _____

Home Phone: _____ Cell Phone: _____

UWRF E-Mail: _____ Age: _____ Birth date: _____

Alternative E-Mail: _____

Major: _____ Cum GPA: _____ Credits Completed: _____

Faculty Advisor: _____ Expected Graduation Date: _____

Referred by: _____ Faculty Staff Student Other

Please answer the following by checking the correct box:

Are you a U.S. citizen? Yes No **If no**, are you a permanent resident of the United States Yes No

Are you a permanent resident or citizen of Guam, Northern Mariana Islands, U.S. Virgin Islands, Trust Territory of the Pacific Islands or American Samoa? Yes No

Gender: F M Are you a veteran: Yes No

Ethnicity: African American/Black Native American/American Indian/Alaskan Native
 Latino/Hispanic Other

~ Over ~

YOU NEED YOUR (Parent's) 2008 TAX FORMS TO COMPLETE THIS SECTION - DO NOT GUESS

Financial Aid Status: **(According to FAFSA)** Dependent Independent

NOTE: If you are not 24 years of age, married, have a dependent child or parent, a veteran of the U.S. Armed Forces you are considered dependent even if you live on your own.

2008 FEDERAL TAXABLE INCOME after ALL deductions – NOT AGI (Use your individual tax forms if you are over 24 or are considered Independent for Financial Aid. Use your parent's tax forms you are a Dependent student)

Please check the appropriate box that contains your family's **2008 Taxable Income**

USE Federal Tax Form 1040 – Line 43. 1040A – Line 27. 1040EZ – Line 6

- | | | |
|--|--|--|
| (1) <input type="checkbox"/> Under 16,245 | (4) <input type="checkbox"/> 27,466-33,075 | (7) <input type="checkbox"/> 44,296-49,905 |
| (2) <input type="checkbox"/> 16,246-21,855 | (5) <input type="checkbox"/> 33,076-38,685 | (8) <input type="checkbox"/> 49,906-55,515 |
| (3) <input type="checkbox"/> 21,856-27,465 | (6) <input type="checkbox"/> 38,686-44,295 | (9) <input type="checkbox"/> Over 55,516 |

Number of people in the household _____ (If Dependent, include yourself, parents and all dependents. If Independent, include yourself, spouse and dependent children residing with you.)

Do you currently receive a Pell grant? Yes No

What is the highest level of education that your parent(s)/guardian **completed**?

Father	Mother	
<input type="checkbox"/>	<input type="checkbox"/>	High school or GED
<input type="checkbox"/>	<input type="checkbox"/>	Attended college but did not complete a degree
<input type="checkbox"/>	<input type="checkbox"/>	Completed an associate's degree (A.A., A.S.)
<input type="checkbox"/>	<input type="checkbox"/>	Completed a bachelor's degree (B.A., B.S.)
<input type="checkbox"/>	<input type="checkbox"/>	Completed a master's degree (M.A., M.S., etc.)
<input type="checkbox"/>	<input type="checkbox"/>	Completed a doctorate or professional degree (Ph.D., J.D., M.D., MBA etc.)

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

Applicant's Signature

Date

Please check to make sure every question is answered. Incomplete applications may not be considered.

Please Note: Any questions about the McNair Program should be forwarded to Njia Lawrence-Porter at njia.lawrence-porter@uwrf.edu or call (715) 425-3531.

FOR OFFICE USE ONLY

Staff's Signature _____ Date: _____

or

Director/Assistant Director's Signature _____ Date: _____

Eligibility Summary: LI FG LI/FG Underrepresented N/A

Eligibility Determination: Eligible Ineligible