



I. Student Information

Last Name	First Name	Middle Name
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Permanent/Home Address	City	State	Zip
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Current/Local Address	City	State	Zip
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Email Address **You will receive confirmation of your application at this email address.
This will be the primary address for contacting you during the application process.**

Home Phone	Cell Phone
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Work Phone

Date of Birth (mm/dd/yyyy)	Gender/Preferred Pronouns
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Race/Ethnicity (please select all that apply):

- | | |
|---------------------------------------------------------|--------------------------------------------------------------|
| <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> Hispanic or Latino |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Native Hawaiian or Pacific Islander |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> White |

Other (Please Specify): _____

How would you describe your home town population?

- Rural (Less than 10,000) Medium (10,000 – 50,000) Urban (Greater than 50,000)

II. Academic Information

Current Year in School: _____

Number of Credit Hours Completed After This Current Academic Year (include hours enrolled for this fall and spring semesters): _____

_____ If transferring, when will you begin classes at UNC: _____
Name of Current College (if transferring to UNC) (mm/yyyy)

Expected Month/Year of Graduation from UNC (mm/yyyy)



III. Citizenship

Are you a citizen of the United States? Yes No

If you answered No to the above question, please answer the following:

Are you a permanent resident of the United States? Yes No

If applicable:

Permanent Resident # _____

Date Issued _____

If you are not yet a permanent resident, are you in the U.S. Yes No
for other than a temporary purpose with the intent of
becoming a permanent resident?

*If you are in the process of becoming a permanent resident, please provide evidence from the
Immigration and Naturalization Service of your intent to become a permanent resident.*

IV. Family Background

How many people, including yourself, are currently living in your household? _____
(Line 6d on Income Tax Forms 1040 and 1040A)

Family annual taxable income (for last tax year): _____
(Line 43 on Income Tax Form 1040, line 27 on Form 1040A)

Has your mother, father, or guardian earned a Bachelor's Degree?

Mother:	Father:	Guardian/Other (Specify relationship to you):
<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"/> Unknown/NA	<input type="checkbox"/> Unknown/NA	<input type="checkbox"/> Unknown/NA

With whom have you regularly resided and for how long?

Mother:	Father:	Guardian/Other (Specify relationship to you):
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No _____
If yes, how long? _____	If yes, how long? _____	If yes, how long? _____

Briefly provide any additional information, if necessary, regarding your family/living situation (ie. homelessness, foster care, recent adoption, etc.):



V. **Parent/Guardian Information**

1.

Last	First	Middle	
Relationship to you	<input type="checkbox"/> Lives with you	<input type="checkbox"/> Married	<input type="checkbox"/> Divorced
	<input type="checkbox"/> Deceased	<input type="checkbox"/> Single	<input type="checkbox"/> Widowed
		<input type="checkbox"/> Separated	<input type="checkbox"/> Unknown
Address	City	State	Zip
Email Address		Home Phone	
Education Level:		Cell Phone	
<input type="checkbox"/> No High School	<input type="checkbox"/> Some High School	<input type="checkbox"/> High School Grad/GED	
<input type="checkbox"/> Associate's Degree	<input type="checkbox"/> Bachelor's Degree	<input type="checkbox"/> Advanced Degree	<input type="checkbox"/> Unknown <i>(i.e. Master's, JD, MD, PhD, etc.)</i>
Name of College(s), if any		Degree(s), if any	
Occupation and Employer			
Work Phone			

2.

Last	First	Middle	
Relationship to you	<input type="checkbox"/> Lives with you	<input type="checkbox"/> Married	<input type="checkbox"/> Divorced
	<input type="checkbox"/> Deceased	<input type="checkbox"/> Single	<input type="checkbox"/> Widowed
		<input type="checkbox"/> Separated	<input type="checkbox"/> Unknown
Address	City	State	Zip
Email Address		Home Phone	
Education Level:		Cell Phone	
<input type="checkbox"/> No High School	<input type="checkbox"/> Some High School	<input type="checkbox"/> High School Grad/GED	
<input type="checkbox"/> Associate's Degree	<input type="checkbox"/> Bachelor's Degree	<input type="checkbox"/> Advanced Degree	<input type="checkbox"/> Unknown <i>(i.e. Master's, JD, MD, PhD, etc.)</i>
Name of College(s), if any		Degree(s), if any	
Occupation and Employer			
Work Phone			

Remember to save a copy of this application for your reference.



3.

Last	First	Middle	
Relationship to you	<input type="checkbox"/> Lives with you <input type="checkbox"/> Deceased	<input type="checkbox"/> Married <input type="checkbox"/> Single	<input type="checkbox"/> Divorced <input type="checkbox"/> Separated
		<input type="checkbox"/> Widowed <input type="checkbox"/> Unknown	
Address	City	State	Zip
Email Address		Home Phone	
Education Level:		Cell Phone	
<input type="checkbox"/> No High School	<input type="checkbox"/> Some High School	<input type="checkbox"/> High School Grad/GED	
<input type="checkbox"/> Associate's Degree	<input type="checkbox"/> Bachelor's Degree	<input type="checkbox"/> Advanced Degree	<input type="checkbox"/> Unknown <i>(i.e. Master's, JD, MD, PhD, etc.)</i>
Name of College(s), if any		Degree(s), if any	
Occupation and Employer			
Work Phone			

VI. **Emergency Contact Information** *(This is your next-of-kin or someone you feel comfortable making medical decisions on your behalf.)*

If your Primary Emergency Contact is the same as someone in Section V above, please indicate:

Same as above #1 #2 #3

If your Primary Emergency Contact is not someone listed above, please provide their contact information below:

Last	First	Middle	
Relationship to you	Lives with you		
Address	City	State	Zip
Email Address		Home Phone	
Additional information, if necessary:		Cell Phone	

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VII. Academic Information

UNC PID

Cumulative GPA

Major(s)

Minor(s)

Are you eligible for financial aid at UNC Chapel Hill? Yes No

Do you qualify for and/or receive a Pell Grant? Yes No

Are you a Carolina Covenant or Achieve Scholar? Yes No

VIII. Interest Information

How did you learn about the McNair Scholars Program?

Have you participated in previous TRiO programs? Please select all that apply and indicate dates attended:

Yes No

Upward Bound _____

Upward Bound Math-Science _____

Veteran's Upward Bound _____

Educational Opportunity Centers _____

Talent Search _____

Student Support Services _____

McNair (at another institution) _____

Please indicate in which of the following programs you currently or have previously participated and list the dates of your involvement:

Science Enrichment Preparation (S.E.P.) Program _____

Health Careers Club (HCC) _____

Chancellor's Science Scholars Program _____

Carolina Millennial Scholars Program _____

Carolina Student Transfer Excellence Program (C-STEP) _____

Moore Undergraduate Research Apprentice Program (MURAP) _____

Office of Undergraduate Research (OUR) Ambassador _____

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IX. **Short Answers**

1. Have you participated in research at the collegiate level? Yes No

If Yes, please answer the following questions:

In what discipline did you conduct research?

Where did you conduct this research?

How long were you on the project?

Who was your faculty supervisor?

Was your research an independent project or faculty/institute project?

Briefly describe the research project:

2. Do you plan to pursue a graduate degree directly after your undergraduate degree? Yes No

If No, please explain:



X. **Essays**

**Please attach your typed responses to the following questions in separate essays. (500-1000 words each)
Please make sure to answer all parts of each question.**

- 1. Essay 1:** Explain your reasons for pursuing a doctoral degree. If selected to be a McNair Scholar, what research topic(s) would you be interested in researching and how is this research related to your educational/career goals? How will the McNair Scholars Program assist you in making your educational/career goals possible? Please specify your projected timetable for obtaining the Ph.D.
- 2. Essay 2:** Tell us your story (your family background, journey to college, challenges you have faced and overcome, etc.). How has your personal background prepared you for the rigors of the McNair scholars program as well as doctoral study?

The University of North Carolina is committed to equality of educational opportunity. The University does not discriminate in offering access to its educational programs and activities on the basis of race, color, age, national origin, religion, creed, genetic information, disability, veteran's status, sexual orientation, gender identity or gender expression. The Equal Opportunity/ADA Office (100 E. Franklin Street, Unit 110, CB #9160, Chapel Hill, NC 27599-9160 or (919) 966-3576) has been designated to handle inquiries regarding the University's non-discrimination policies.

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