



# Ronald E. McNair

## Postbaccalaureate Achievement Program

### Application for Admission

Applications for the McNair Scholars Program are due by \_\_\_\_\_.

Send completed materials by \_\_\_\_\_ to:

#### *McNair Scholars Program*

St. John's University  
 St. Augustine Hall, Room 114  
 8000 Utopia Parkway  
 Queens, NY 11439  
 Attn.: Asnath Gedeon, *Assistant Director*  
 Tel (718) 990-5842  
 Fax (718) 990-5564  
 gedeona@stjohns.edu

### Applicant Information

Please Print or Type

Name: \_\_\_\_\_  
*First* *Middle* *Last*

Address: \_\_\_\_\_  
*Street*  
 \_\_\_\_\_  
*City* *State* *Zip Code*

Telephone: \_\_\_\_\_  
*Home* *Cell*

E-mail (1): \_\_\_\_\_ E-mail (2): \_\_\_\_\_  
*School* *Personal*

Date of birth: \_\_\_\_\_  
*(mm/dd/yyyy)*

If dorm student, please list residence address:

Residence Hall: \_\_\_\_\_ Campus Telephone: \_\_\_\_\_

<b>Citizenship</b> <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Perm. Resident  Social Security # _____  Resident Documentation Card # _____ (if applicable)  *Also, please provide copies (front and back) of your Resident Card	<b>Ethnicity</b> <input type="checkbox"/> Black (non-Hispanic) <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American or Alaskan <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Caucasian <input type="checkbox"/> Other (please specify) _____	<b>Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female  <b>Status</b> <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
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## Emergency Contact Information

Please Print or Type

Emergency Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_  
Street

\_\_\_\_\_ City State Zip Code

Current Major: \_\_\_\_\_ Minor: \_\_\_\_\_

Please indicate the total number of credits you have currently completed: \_\_\_\_\_

Cumulative Grade Point Average: \_\_\_\_\_ Major Average: \_\_\_\_\_

Are you a first generation college student?  Yes  No

(Meaning, do either of your parent(s) or legal guardian(s) possess a baccalaureate degree).

If no, please indicate your relationship to the individual that attained the baccalaureate degree

\_\_\_\_\_

List academic awards received/leadership activities in which you have participated:

\_\_\_\_\_  
\_\_\_\_\_

Are you interested in pursuing a master's degree?  Yes  No  Undecided

Are you interested in pursuing a doctorate degree?  Yes  No  Undecided

If you answered yes to either question, in what discipline is your degree?

\_\_\_\_\_  
\_\_\_\_\_

In what graduate schools are you interested? Please list.

\_\_\_\_\_  
\_\_\_\_\_

Identify your first area of interest as it relates to a research topic.

\_\_\_\_\_  
\_\_\_\_\_

Identify your second area of interest as it relates to a research topic.

\_\_\_\_\_  
\_\_\_\_\_

### *Essay:*

Please submit a two-page double spaced essay that highlights your future goals as they relate to achieving a doctorate and your desire to serve as a faculty member within a college or university setting in addition to any personal information you believe would be helpful.

### *Letters of Recommendation:*

Please submit the attached recommendation forms from **TWO FACULTY MEMBERS** and any additional letters to: **Asnath Gedeon, St. Augustine Hall, Room 114.**

1) \_\_\_\_\_ 2) \_\_\_\_\_

*(Please provide the names and phone extension of faculty members completing the recommendation forms.)*

### *Income Tax Returns:*

Please attach a **SIGNED COPY** of parents'/guardian's previous year income tax returns with your completed application (e.g., if you are applying for the Fall semester, you would submit income tax returns for the previous year). *If you are independent, include a copy of your returns.*

### *Transcript and Class Schedule:*

Please include an *unofficial copy* of your transcript and a copy of your *most recent* class schedule.

### *Application Checklist:*

Complete the following checklist to ensure you have submitted all requested information to receive full consideration. **\*\*Please note: applications WILL NOT be reviewed until they are complete. Should you qualify as a McNair candidate you will be contacted for a personal interview.**

- Every application question completely answered
- Typed and submitted essay
- Submitted two recommendation forms to faculty members
- Attached an unofficial copy of college transcript and most recent schedule
- Submitted copy of previous year income tax returns (parent[s]/guardian[s])

### *Certification of Information (please read carefully and sign):*

I certify that all information including financial and family documentation, provided with this application is true and correct to the best of my knowledge. I authorize the McNair Scholars Program to review my academic/financial records for program purposes. In addition, if I am selected as a McNair Scholar, I will adhere to **ALL** program policies and procedures set forth by the program.

Name \_\_\_\_\_ Date \_\_\_\_\_

# ST. JOHN'S UNIVERSITY

Ronald E. McNair

## Postbaccalaureate Achievement Program

### RECOMMENDATION FORM

Mail or Fax completed form ( ) to:

Asnath Gedeon, Assistant Director  
McNair Scholars Program  
St. John's University  
St. Augustine Hall- Rm 114 (Honors Commons)  
Jamaica, NY 11439  
(718) 990-5842  
Fax: (718) 990-5564

#### Student Applicant

Please complete the following information. Type or print legibly

\_\_\_\_\_  
Last Name First Name MI

**This portion is to be completed by a FACULTY member.** Please print legibly or type.

Name of student you are recommending:					
I have known the applicant for ____ years; in what capacity? _____					
Please evaluate the following qualities of the applicant by circling the appropriate response:					
Promise as a graduate student	Superior	Above average	Average	Below average	Unable to judge
Perseverance	Superior	Above average	Average	Below average	Unable to judge
Dependability	Superior	Above average	Average	Below average	Unable to judge
Maturity	Superior	Above average	Average	Below average	Unable to judge
Oral Expression	Superior	Above average	Average	Below average	Unable to judge
Written Expression	Superior	Above average	Average	Below average	Unable to judge
Ability to work independently	Superior	Above average	Average	Below average	Unable to judge
Potential to plan/conduct research	Superior	Above average	Average	Below average	Unable to judge
Initiative	Superior	Above average	Average	Below average	Unable to judge
Knowledge and Intellectual Ability	Superior	Above average	Average	Below average	Unable to judge
Remarks (additional comments may be attached on a separate page)					
Name:			Title:		
Address:			Phone:		
Signature:					

# ST. JOHN'S UNIVERSITY

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Remarks (additional comments may be attached on a separate page)					
Name:			Title:		
Address:			Phone:		
Signature:					