

## APPLICATION CHECKLIST

Name: \_\_\_\_\_

Classification: ☐ Sophomore  
☐ Junior  
☐ Senior

☐ Do You Qualify? Form

☐ Completed Program Application

☐ Unofficial Academic Transcript

☐ Most Recent Tax Return

☐ Personal Statement

☐ Letter of Recommendation by a SHSU Professor

The McNair Scholars Program is a federally-funded program designed to increase the number of first-generation and/or low-income individuals who pursue doctoral study.

During the academic year, students participate in activities that support and encourage a high level of educational achievement. In addition, the program will also offer a series of workshops (“How to succeed in Graduate School”) as well as other educational activities. The academic year activities are specifically designed to prepare students to be candidates for the next summer’s research component.

To apply, please submit all required documents to the McNair Scholars Program in Farrington 111-H or mail to the address listed below.

- **Program Application**
- **Unofficial transcript**
- **Copy of most recent tax return**
- **Personal statement (detailing your plans for graduate studies).**
- **Letter of recommendation by a professor (if included in the packet; otherwise mail to Campus Mail Box 2359)**

**Submit to:**

**Dr. Lydia Fox  
Farrington 111-H  
Sam Houston State University  
Huntsville, TX 77340-2359  
Phone: 936-294-3279**

**Deadline for Submission of Applications – September 25, 2025 at 5:00 p.m.**

### Do You Qualify? Form

SHSU McNair Scholars Program – participants must be SHSU students with a minimum GPA of 3.0, juniors or seniors, and U.S. citizens or permanent residents.

Please check all of the following provisions that apply.

**Yes**

**No**

☐
☐

1. You are a first-generation college student. (Neither of your parents has a 4-year college degree).

☐
☐

2. One of the statements below regarding income applies to you.  
 (Students will be required to furnish documentation of income, i.e. tax return, W-2 forms).

### Your Immediate Household Is Made Up Of/Or Less: Effective January 15, 2025 Total Family Income

- |                          |                                 |             |
|--------------------------|---------------------------------|-------------|
| <input type="checkbox"/> | One person yourself included    | \$23,475.00 |
| <input type="checkbox"/> | Two persons yourself included   | \$31,725.00 |
| <input type="checkbox"/> | Three persons yourself included | \$39,975.00 |
| <input type="checkbox"/> | Four persons yourself included  | \$48,225.00 |
| <input type="checkbox"/> | Five persons yourself included  | \$56,475.00 |
| <input type="checkbox"/> | Six persons yourself included   | \$64,725.00 |
| <input type="checkbox"/> | Seven persons yourself included | \$72,975.00 |
| <input type="checkbox"/> | Eight persons yourself included | \$81,225.00 |

I certify that the information stated above is true and correct to the best of my knowledge and I further grant permission to the McNair Scholars Program to access any of my educational records.

\_\_\_\_\_  
**Name**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**



Sam Houston State University  
**McNair Scholars Program**

**Program Application**

**Name:** \_\_\_\_\_ **SSN#** \_\_\_\_\_

**\*\*Full name as it appears on your Driver's License\*\***

**Sam ID:** \_\_\_\_\_

**Local Address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

**Local Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_

**Permanent Address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

**SHSU Email:** \_\_\_\_\_

**Personal Email:** \_\_\_\_\_

**Major:** \_\_\_\_\_ **Minor:** \_\_\_\_\_

**Classification:** ☐ Sophomore  
☐ Junior  
☐ Senior

**Date Degree Expected:** \_\_\_\_\_  
**SHSU GPA:** \_\_\_\_\_ **Overall GPA:** \_\_\_\_\_  
**GPA in Major:** \_\_\_\_\_

**What is the highest level of education attained by:**

**Mother:** ☐ Elementary ☐ High School ☐ Two-year degree ☐ Bachelor's Degree  
☐ Graduate/Professional Degree

**Father:** ☐ Elementary ☐ High School ☐ Two-year degree ☐ Bachelor's Degree  
☐ Graduate/Professional Degree

**Are you eligible for Financial Aid?** ☐ Yes ☐ No  
**If yes, what type?** ☐ Pell Grant ☐ Loan ☐ Other

**How did you hear about the McNair Scholars Program?**

☐ McNair website ☐ Facebook/Instagram page ☐ Program Banner (outside LSC)  
☐ Flyer ☐ Referral (If so, name the person who referred you: \_\_\_\_\_)  
☐ Other (Explain: \_\_\_\_\_)

### **McNair Program Requirements by Semester**

**Fall:** Attend McNair workshops (will be scheduled later).  
**Spring:** Enroll in a three-hour research course (MCNR 4301) on Tuesdays and  
Thursdays from 11 a.m. – 12:15 p.m.  
**Summer:** Engage in research and attend weekly meetings for an eight-week period.

**DOCUMENTATION REQUIREMENTS**

- ☐ Please include a copy of your **unofficial academic transcript**.
- ☐ Please include a copy of your **most recent tax return**.
- ☐ Please list one **SHSU professor** who will write a letter of recommendation for you:

\_\_\_\_\_  
**Name**

\_\_\_\_\_  
**Department**

**\*\*Letters of recommendation may be included in the application packet or mailed directly to Dr. Fox at Box 2359.\*\***

- ☐ On a separate sheet, please include a **personal statement** answering both prompts in 500-750 words. You may attach your typed statement to the application.
  1. What are your graduate school plans and goals? Include a timeline and the type of degree you will be seeking.
  2. How has your background contributed to your success?

**FOR DATA COLLECTION ONLY. THIS WILL NOT AFFECT YOUR ELIGIBILITY.**

**Gender:** ☐ Male ☐ Female

**Ethnicity:** ☐ African-American ☐ Hispanic ☐ Pacific Islander ☐ Alaskan Native  
☐ American Indian ☐ Caucasian ☐ Asian ☐ Other: \_\_\_\_\_

**Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Birthplace:** \_\_\_\_\_

**Citizenship:** ☐ U.S. Citizen ☐ Permanent Resident

**Release of Information Authorization**

I authorize Sam Houston State University to share all required and requested information with the Director of the McNair Program.

I authorize the Sam Houston State University *Financial Aid Office* to release my financial information for the academic year to the SHSU McNair Program. This information will be used to verify financial eligibility for the McNair Program.

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Social Security Number**

\_\_\_\_\_  
**Date**

**\*\*Please read page 1 for a complete list of application requirements\*\***