

McNair Scholars Program
Montana State University
Application Form

Please complete this form and return it to the McNair Scholars Program Office in 405 Reid Hall.

Last Name: _____ **First Name:** _____ **M.I.** _____ **MSU Student ID#:** _____

Social Security Number: _____ **Date first entered MSU:** _____ **Expected Graduation:** _____
Semester/Year (e.g. Fall 2016) (e.g. Spring 2020)

Local Address: _____ **City, State, Zip:** _____

Permanent (or Hometown) Address: _____ **City, State, Zip:** _____

Emails: 1)Primary: _____ **and 2) other:** _____ **Cellphone #:** _____

Major(s): _____ **When do you intend to begin graduate school:** _____

What is your class level in your Degree program: **Sophomore** **Junior** **Senior** **Cumulative GPA:** _____

Enrolled Full Time: Yes No **Transfer Student:** Yes No

Birth Date: _____ **I identify my gender as:** _____ **Preferred Pronoun (e.g. he/she/they):** _____

Are you a U.S. Citizen? Yes No (if No are you a permanent resident?) Yes _____ (Please provide documentation) No _____

Ethnicity (please check ALL that apply):

Caucasian African American American Indian/Alaskan Native Asian American
Hispanic/Latino Hawaiian/Pacific Islander Other (please specify): _____

Financial Aid Status: Dependent Independent (i.e. as determined by MSU's Financial Aid Office)

Do you receive a Pell grant? Yes No

Please provide your parent's (or your own if considered independent) Total Taxable Income:

Total number of individuals claimed in your household as reported on your FAFSA and/or income tax form:

Did either of your parent(s)/guardian(s) receive a 4-year Bachelor's degree before you turned 18 years old? Yes No

What is the highest degree you aspire to attain? Masters _____ Ph.D. _____ Other (Specify) _____ Uncertain _____

Are you enrolled in the Honors Program at MSU: Yes ___ No

If you participate(d) in other undergraduate research or academic related programs what are they (i.e. Research Lab, INBRE, USP, TRIO-SSS, etc.) Please list research, academic program, honor society and/or other extracurricular activities that you are involved in:

I certify that the above information is true. I hereby authorize the McNair Scholars Program to disclose or obtain educational records, financial information (e.g. FAFSA) or personal information with/from any college faculty or staff member, as deemed appropriate by the McNair Scholars Director. This waiver is required as a condition for admission to or receipt of any services and benefits from Montana State University/Ronald E. McNair Postbaccalaureate Achievement Program. All rights of access to case files conferred by the Family Educational Rights and Privacy Act of 1974 (P.L. 93-380) as amended, or otherwise, are hereby waived.

Signature: _____

Date: _____