



UNH McNair Scholars Program Application, 2024-2025

PATHWAY TO THE PH.D.

The Program

The University of New Hampshire's (UNH) McNair Scholars Program was established in 1991 and has been in existence for over 33 years. McNair is a federally-funded TRIO program administered by the U.S. Department of Education and serves a diverse group of talented UNH sophomores, juniors, and seniors who are interested in pursuing graduate education and earning a Ph.D. UNH McNair provides enriching scholastic experiences that prepare eligible students to be successful applicants to competitive graduate programs.

Eligibility

McNair Scholars are selected on a competitive basis. To be eligible, an applicant must:

- Be a U.S. citizen or permanent resident
- Be a UNH undergraduate student with 60 or more credit hours by the start of summer 2025
- Be a UNH undergraduate student not graduating prior to May 2025
- Have a cumulative GPA of 3.0 or higher
- Meet one of the following requirements:
 - Be a low-income AND first-generation college student according to established guidelines, **OR**
 - Be a member of a group underrepresented in graduate education (e.g. Black, Hispanic, Native American, or Pacific Islander)
- Intend to pursue a Ph.D. after graduation. The McNair Program is not open to students pursuing professional degrees (e.g. veterinary, medical or law degrees)

Program Requirements

Students must demonstrate a true commitment to pursuing doctoral studies and agree to participate in all of the following: intensive faculty-guided summer research program and ongoing research during the academic year, summer research methods & writing course, summer GRE prep classes, seminars, workshops, and advisement meetings with McNair staff. Participants are required to maintain a minimum cumulative GPA of 3.0.

Application Package		Form Enclosed	You Provide
1	Application Checklist	X	
2	Eligibility Form	X	
3	Application Form	X	
4	Two (2) Letters of recommendation	X	
5	Signature Release Form	X	
6	Official University/College transcripts		X
7	Copy of most recent Student Aid Report (SAR)		X
8	Personal Statement		X

Note to Applicants: Applications are due by **September 30, 2024**. Applications received after this date will be accepted on a rolling basis until all available seats are filled. Please submit all of the documents above as a complete package to the McNair office location below or email to Kate.Luksha@unh.edu. If you have any questions about the application, please feel free reach out.



McNair Scholars Program @ the University of New Hampshire

89 Main Street, Hood House, Room 203 Durham, NH 03824

Office: 603-862-0002, Fax: 603-862-1927

Email: mcnair.program@unh.edu, Website: www.unh.edu/mcnair



McNair Application Instructions

Please complete the following and attach to your application. Your name should appear in the top right corner of each page of your personal statement. Please do not submit the "instructions" page with your application.

I. **Personal Statement (300 - 500 words)**

Please write a statement describing your educational and career goals from completion of your undergraduate degree through completion of your graduate/doctorate-level degree. Explain what you have done to prepare yourself to meet these goals (courses, work, extracurricular activities, etc.). In what ways would you like the McNair Program to help strengthen your preparedness for graduate school? What motivates you to pursue graduate studies? In addition, outline one or more research interests upon which you would like to focus during the McNair summer research fellowship. Please include the following components:

- What is your definition of research? Why would you like to pursue a research project in this (or these) particular topic area(s)?
- What experience do you have with your research topic(s) of interest?
- Value of the research interests to you (e.g., how would research in these areas fit into your academic or career aims?)

II. **Letters of Recommendation (2)**

Two sealed and completed letters of recommendation are required in your application packet (forms are provided). These letters must come from **faculty**, preferably in your major. Distribute the appropriate form to your recommenders. Ask them to complete it, seal it in one of their own envelopes, and sign across the flap before returning to you. Include the *unopened* recommendations in your application packet. **Please remember to give the forms to your recommenders early so that they can return them to you in time for inclusion in your application packet. Letters may be sent directly from recommender to our office if that is more convenient.**

III. **Official College/University Transcripts**

Upon your submission of a signed signature release form, the McNair Scholars Program will obtain a copy of your transcript from the registrar's office. [Do note that if you choose to secure the transcript and submit it, the transcript must be official, containing the seal of the institution, and must be enclosed in an envelope sealed by the registrar. Include the **unopened** transcript in your application packet. If the registrar is unable to issue a sealed official transcript to you, ask that it be delivered directly to our office.]

IV. **Most Recent Student Aid Report (SAR)**

Please submit a copy of your most recent SAR. Students may access their SAR by logging onto www.fafsa.ed.gov. Students will need their 4-digit FAFSA pin to access the site. If assistance is needed with printing the SAR, please contact the McNair Office.

McNair Application Checklist

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UNH ID#	Last Name	First Name	Middle Initial

Date of Birth _____ Classification: ___ Sophomore ___ Junior ___ Senior

Checklist:

- Eligibility Form
- Completed and Signed Application
- Requested Two Letters of Faculty Recommendations (list names below)

Recommender 1: _____

Recommender 2: _____

- Signature Release Form for UNH Transcripts
- College/University Transcripts
- Personal Statement
- Copy of Most Recent FAFSA Student Aid Report (SAR)
- Copy of Permanent Resident Card (if applicable)

Comments: (enter any notes about your application here)

OFFICE USE ONLY

Date application received: _____ Pre-McNair Student (Y/N): _____

Applicant is (check all that apply): _____

- First-Generation
- Income Eligible
- Underrepresented

Admission Decision:

- Accepted
- Waitlisted
- Denied (reason)

Staff Initials: _____ Date: _____

McNair Eligibility

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The Ronald E. McNair Post-Baccalaureate Achievement Program is a federally funded TRIO program sponsored by the U.S. Department of Education. This form is provided to determine your eligibility before applying.

Please check <u>all</u> the following that applies to you:		
	YES	NO
I am a U.S. Citizen.		
I am a Permanent Resident.		
I am a member of a racial or ethnic group that is underrepresented in graduate education (Black, Hispanic, American Indian, Alaska Native, Native Hawaiian, or Native Pacific Islander).		
I am a first-generation college student (neither of my parents earned a 4-year degree).		
I meet the Federal TRIO Programs low income guidelines (my family's taxable income is at or below the limits in the table below).		

Federal TRIO Programs Current Year Low-Income Levels: Taxable Income

(Effective January 11, 2024 until further notice)

Size of Family Unit	48 Contiguous States, D.C., and Outlying Jurisdictions	Alaska	Hawaii
1	\$22,590	\$28,215	\$25,965
2	\$30,660	\$38,310	\$35,250
3	\$38,730	\$48,405	\$44,535
4	\$46,800	\$58,500	\$53,820
5	\$54,870	\$68,595	\$63,105
6	\$62,940	\$78,690	\$72,390
7	\$71,010	\$88,785	\$81,675
8	\$79,080	\$98,880	\$90,960

For family units with more than eight members, add the following amount for each additional family member: \$8,070 for the 48 contiguous states, the District of Columbia, and outlying jurisdictions; \$10,095 for Alaska; and \$9,285 for Hawaii.

I certify that the information above is true and correct to the best of my knowledge.

Name: _____

Student Signature: _____ Date: _____

McNair Application

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Applicant Information			
UNH ID#	Last Name	First Name	Middle Initial
Gender	Preferred Name	Pronouns (e.g., she, her, hers)	
	Current Address	Permanent Address	
Street/Apt. #			
City			
State			
Zip Code			
Mobile Phone	Home Phone	E-Mail Address	
Citizenship* (select one)	Ethnicity (select one)	Race (select all that apply)	
<input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Permanent U.S. Resident <input type="checkbox"/> Other (specify below) _____	<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino	<input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White	

* If you are not a U.S. citizen, please attach a photocopy of your permanent resident card.

Educational Information		
Major(s)	Minor(s)	
Class Standing	Cumulative GPA	GPA in Major
<input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior		
Total Credit Hours Earned	Credits Registered	Expected Graduate Date
What is the highest degree you seek to obtain?		Proposed Graduate Program
<input type="checkbox"/> Uncertain <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Ed.D. <input type="checkbox"/> Ph.D. <input type="checkbox"/> Other (specify) _____		
Did you transfer to UNH from a community college or another university?		
<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, School: _____ Month(s)/Year(s) _____		

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Family Information

Highest Educational Level Completed by Parents or Legal Guardian

Mother/Legal Guardian

Less than High School High School Some College Bachelor's Degree Graduate

Father/Legal Guardian

Less than High School High School Some College Bachelor's Degree Graduate

Income Verification

What is the number of individuals living in your family household? _____

Dependent

If you are a dependent applicant (received support from parent(s) or guardian):

Did your parents/guardian file a federal income tax return for last year? Yes No

If yes, what was their TAXABLE income? _____

Parent Signature (Required) _____

Independent

If you are an independent applicant (at least 24 years of age; or a veteran, orphan (both parents deceased), ward of the court, married, or have dependents other than a spouse):

Did you file a federal income tax return for last year? Yes No

If yes, what was your TAXABLE income? _____

Student Signature (Required) _____

Prior TRIO Participation

Please indicate if you have participated in any of the following TRIO programs:

- Educational Opportunity Centers (EOC) Student Support Services (SSS) Talent Search
 Upward Bound Upward Bound Math-Science Veterans Upward Bound

Research Plans

McNair Scholars conduct research under the guidance of a faculty member. If you are unable to locate a mentor, the McNair staff may be able to assist you. Please identify your faculty mentor and anticipated topic if known.

Faculty Mentor Name

Faculty Department

McNair Application

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Signature Release Form

UNH ID#	Last Name	First Name	Middle Initial

This release form enables the UNH McNair Scholars Program to obtain the following information for the purpose of determining eligibility, developing education plans, and collecting program statistics:

- College/university admission & enrollment
- Grade reports/transcripts
- Financial aid reports and information regarding scholarships, fellowships, and other awards received
- U.S. residency status
- Current contact information (address, phone number, email address)
- Past TRIO participation

Aspects of this information and the nature of your participation in the McNair Scholars Program may be shared with the U.S. Department of Education, the McNair Program Advisory Committee and UNH personnel in accordance with federal regulations and UNH policy.

My signature below indicates that I hereby authorize the release of my academic, personal, and medical (when necessary) records to the McNair Scholars Program at the University of New Hampshire for the purpose of serving my needs and meeting its federal regulations. I also hereby attest that, to the best of my knowledge, the information given in this application is true, complete, and accurate.

Signature	Date

How did you hear about the McNair Scholars Program? (Select all that apply)

- McNair Scholar McNair Staff McNair Mentor McNair Peer Advisor Other Faculty/Staff
 Friend Poster Recruiting Event Social Media Other

If Other, Specify: _____

McNair Application

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Please read and sign the following statement:

The Ronald E. McNair Scholars Program is a federally funded project designed to increase the number of underrepresented individuals pursuing doctoral study. The information on this form is required and is strictly confidential; it will only be used to determine eligibility.

I hereby certify that all the above information is true and correct to the best of my knowledge. I further authorize the University of New Hampshire Ronald E. McNair Scholars Program to access and review my academic transcripts for the purposes of verifying my eligibility and aiding in my potential selection for program.

Applicant's Signature: _____ Date: _____

Please return to:

McNair Scholars Program @ the University of New Hampshire
Hood House, second floor, Durham, NH 03824
Office: 603-862-0002, Fax: 603-862-1927
Email: mcnair.program@unh.edu, Website: www.unh.edu/mcnair



Office Notes ONLY

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Letter of Recommendation: Recommender # 1

Applicant: *Except for the contents of this box*, this form must be completed by your recommender and returned to you in a sealed envelope along with a letter of recommendation for inclusion in your application packet.

I HEREBY WAIVE ANY RIGHT TO EXAMINE THIS LETTER OF RECOMMENDATION. I REALIZE THAT THE UNH MCNAIR SCHOLARS PROGRAM WILL UTILIZE THIS RECOMMENDATION ONLY IN CONJUNCTION WITH CONSIDERATION OF MY ADMISSION TO THE MCNAIR SCHOLARS PROGRAM. I REALIZE MY RIGHT OF ACCESS TO THIS RECOMMENDATION IS NOT A CONDITION OF MY ADMISSION.

Please *initial* your choice: I agree to the above waiver I do not agree to the above waiver

Signature of applicant _____ Date _____

Name of Applicant: _____

Recommender's name: _____

Position: _____

Campus Address: _____

Campus Phone: _____ Email: _____

To the Recommender:

Thank you for assisting the applicant with her/his McNair Scholars Program application. To ensure accurate evaluation of the applicant, we request that you complete this form in confidence and return it to the requester in your sealed envelope. The requester will include it as part of her/his application packet. If it is more convenient, you may submit your letter directly to our office.

In addition to completing the chart below, we ask that you include a separate letter that addresses the following:

- your association with the applicant
- the applicant's potential for successful entry into graduate school and completion of a doctoral degree
- the applicant's skills and strengths, as well as areas in need of improvement
- ways in which the McNair Scholars Program may be of greatest benefit to the applicant

Please check the appropriate box in each category and attach your letter to this completed form:

Attributes/Skills	Excellent	Good	Fair	Poor	NO BASIS TO JUDGE
Critical thinking skills					
Oral presentation skills					
Writing skills					
Motivation/initiative					
Propensity to be cooperative					
Emotional maturity					
Dependability					
Creativity					
Open-mindedness					
Ability to commit & follow through					
Ability to perform research					
Ability to work independently					
Time management skills					
Industry/Productivity					



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Letter of Recommendation, Recommender # 2

Applicant: *Except for the contents of this box*, this form must be completed by your recommender and returned to you in a sealed envelope along with a letter of recommendation for inclusion in your application packet.

I HEREBY WAIVE ANY RIGHT TO EXAMINE THIS LETTER OF RECOMMENDATION. I REALIZE THAT THE UNH MCNAIR SCHOLARS PROGRAM WILL UTILIZE THIS RECOMMENDATION ONLY IN CONJUNCTION WITH CONSIDERATION OF MY ADMISSION TO THE MCNAIR SCHOLARS PROGRAM. I REALIZE MY RIGHT OF ACCESS TO THIS RECOMMENDATION IS NOT A CONDITION OF MY ADMISSION.

Please *initial* your choice: I agree to the above waiver I do not agree to the above waiver

Signature of applicant _____ Date _____

Name of Applicant: _____

Recommender's name: _____

Position: _____

Campus Address: _____

Campus Phone: _____ Email: _____

To the Recommender:

Thank you for assisting the applicant with her/his McNair Scholars Program application. To ensure accurate evaluation of the applicant, we request that you complete this form in confidence and return it to the requester in your sealed envelope. The requester will include it as part of her/his application packet. If it is more convenient, you may submit your letter directly to our office.

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Time management skills					
Industry/Productivity					