

# UNIVERSITY OF LOUISIANA AT LAFAYETTE

RONALD E. MCNAIR RESEARCH INTERNSHIP PROGRAM

DEPARTMENT OF SPECIAL SERVICES

P.O. BOX 43452C

LAFAYETTE, LA 70504-3452

## Application for Services for McNair Scholar

PLEASE FILL IN USING A TYPEWRITER OR BLUE OR BLACK PEN

### Section I: PERSONAL INFORMATION

1. NAME \_\_\_\_\_  
LAST FIRST MIDDLE

2. LOCAL ADDRESS \_\_\_\_\_  
\_\_\_\_\_  
CITY STATE ZIP CODE

3. TELEPHONE NUMBER ( ) \_\_\_\_\_

4. U.S. SOCIAL SECURITY NUMBER \_\_\_\_\_

5. DATE OF BIRTH \_\_\_\_\_  
MONTH DAY YEAR

6. SEX  FEMALE  MALE

7. PLACE OF BIRTH \_\_\_\_\_  
CITY STATE COUNTRY

8. CITIZENSHIP  U.S. CITIZEN  ALASKAN NATIVE/NATIVE AMERICAN  OTHER  
(IF APPLICABLE, PROVIDE A PHOTOCOPY OF INS DOCUMENTATION)

9. ETHNIC HERITAGE (CHECK ALL THAT APPLY)  
 AFRICAN AMERICAN  ALASKAN NATIVE/NATIVE AMERICAN  
 ASIAN AMERICAN  LATINO AMERICAN PUERTO RICAN  
 WHITE  OTHER (PLEASE SPECIFY) \_\_\_\_\_





**Section IV: ADDITIONAL REQUIREMENTS FOR APPLICANTS**

A. THREE (3) LETTERS OF RECOMMENDATION FROM PROFESSORS, INSTRUCTORS, COUNSELORS OR OTHERS WHO CAN BEST ASSESS YOUR ABILITY FOR ACADEMIC RESEARCH AND YOUR MOTIVATION TO ATTEND GRADUATE SCHOOL. EACH RECOMMENDER IS REQUESTED TO SEND A LETTER DIRECTLY TO MCNAIR RESEARCH INTERNSHIP PROGRAM AS SOON AS POSSIBLE. (RECOMMENDATION FORMS ARE INSIDE THE PACKAGE.)

**LIST THE NAMES, TITLES, ADDRESSES, AND TELEPHONE NUMBERS OF YOUR THREE RECOMMENDERS:**

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B. PLEASE PROVIDE THE NAME, TITLE, ADDRESS, AND TELEPHONE NUMBER OF THE PERSON WHO FIRST ENCOURAGED YOU TO APPLY FOR THE MCNAIR RESEARCH INTERNSHIP PROGRAM.

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C. BRIEFLY DESCRIBE ANY PRIOR RESEARCH EXPERIENCE YOU HAVE HAD IN A UNIVERSITY SETTING OR ELSEWHERE.

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D. **PERSONAL STATEMENT:** ON A SEPARATE SHEET, PLEASE WRITE A BRIEF EXPLANATION DESCRIBING YOURSELF AND YOUR ACADEMIC GOALS TO BE READ BY MCNAIR SCHOLARS COMMITTEE MEMBERS. INDICATE WHAT YOU HOPE TO ACCOMPLISH THROUGH PARTICIPATION IN THIS PROGRAM.

E. DO YOU PLAN TO APPLY TO GRADUATE SCHOOL? YES \_\_\_\_ OR NO \_\_\_\_  
IF YES, WHEN DO YOU ANTICIPATE APPLYING? \_\_\_\_\_

WHAT UNIVERSITY OR UNIVERSITIES PARTICULARLY INTEREST YOU?

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F. CHECK THE TRIO PROGRAM(S) IN WHICH YOU HAVE PARTICIPATED:

<input type="checkbox"/> UPWARD BOUND	<input type="checkbox"/> TALENT SEARCH
<input type="checkbox"/> STUDENT SUPPORT SERVICES	<input type="checkbox"/> VETERANS UPWARD BOUND
<input type="checkbox"/> EDUCATION OUTREACH CENTER	<input type="checkbox"/> MATH/SCIENCE INITIATIVE

*My signature below indicates that, to the best of my knowledge, the information given on this application is true, complete, and accurate.*

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

PLEASE RETURN FULLY COMPLETED APPLICATION, TRANSCRIPT, FINANCIAL AID AND INCOME TAX FORMS TO THE MCNAIR RESEARCH INTERNSHIP PROGRAM AS SOON AS POSSIBLE.