**RIT LSAMP & MCNAIR SCHOLARS**

**Combined Application for Admission – Due October 9, 2018**

*Please send completed application to:*

McNair Scholars and LSAMP Programs
Rochester Institute of Technology

Campus Center, Room 2730

Or email to jlvddi@rit.edu

Application for (circle all that apply): LSAMP McNair

**Part I**

**Name: Date:**

|  |  |
| --- | --- |
|  |  |

**Email: Date of Birth:**

|  |  |
| --- | --- |
|  |  |

**UID Social Security Number:**

|  |  |
| --- | --- |
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**College**

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| --- |
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**Undergraduate Major: Undergraduate Minor:**

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| --- | --- |
|  |  |

**Full-time Student (circle): Yes No Year: 1 2 3 4 5**

**Cumulative GPA: Expected Graduation Date:**

|  |  |
| --- | --- |
|  |  |

**RIT Mailing Address:**

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**Home/Permanent Mailing Address:**

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**Cell Phone Number: Home Phone Number:**

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| --- | --- |
|  |  |

**Name of Parent(s)/Legal Guardian(s):**

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**Parent/Guardian Address:**

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**Parent/Guardian Home Phone Number:**

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| --- |
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**High School attended (name, city and state):**

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**Country of birth if other than USA:**

**Citizenship Status** (circle):

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| --- |
|  |

US Citizen US Permanent Resident Other (please specify)

**Part II**

**Demographic Information**

**Gender:** Male \_\_\_\_\_ Female \_\_\_\_\_

**Ethnicity:**

Black, Non-Hispanic [ ]

Asian/Pacific Islander\* [ ]

Native American or Alaskan Native [ ]

Hispanic/Latino [ ]

White, Non-Hispanic\* [ ]

Other/Do not wish to provide (specify)\* [ ]

 **Income Eligibility**

*\*Applicant Economic Eligibility to be verified by Financial Aid Office*

Adjusted Gross Income:

Number of members in household:

Are you a Pell Grant Recipient? Yes[ ]  No [ ]

**Educational Background**

Are you currently a member of another opportunity program? Please check all that apply.

HEOP [ ]  LSAMP [ ]  McNair[ ]  I’m First[ ]  CSTEP [ ]

FSP [ ]  Honors [ ]  MCAS [ ]  Rochester City Scholar [ ]  Transfer Student[ ]

Are you a first-generation college student? (ie. neither parent completed a four-year college degree) **Yes** [ ]  **No** [ ]

Have you participated in a Summer Research Experience Program or internship in the past two years? Yes [ ]  No[ ]

If yes, please provide the following information:
**Name of Program:**  **Dates:**

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

**Location:** **Advisor/Mentor:**

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

**Part III**

**Advanced Degree Intentions (written essay):**

**Please attach a one page statement of intent for your graduate studies. Please include descriptors like intended area of study, geographic location, career interests, and research interests.**

**I want to receive a (check all that apply):**

[ ]  PhD. Doctor of Philosophy [ ] MSW (Social Work)

[ ] Ed.D. Doctor of Education [ ] MPA (Public Administration)

[ ] MD Doctorate of Medicine [ ] MBA (Business Administration)

[ ] JD-Law Degree [ ] MAT (Teaching)

[ ] Other Doctorate [ ] Other Master’s Degree Please specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Part IV**

1. **For McNair Scholars Program applicants only:**

**Faculty and/or Staff Recommendation Letter**:

Please include a sealed recommendation letter from a **faculty and/or staff member** that talks about your academic potential, level of professionalism and maturity, readiness to work independently as a scholar, your commitment to your academic goals, readiness to pursue a graduate school education and conduct research, and how long they have known you and in what capacity.