**RIT LSAMP & MCNAIR SCHOLARS**

**Combined Application for Admission – Due October 11, 2017**

*Please send completed application to:*

McNair Scholars and LSAMP Programs
Rochester Institute of Technology

Campus Center, Room 2732

Or email to kjspro@rit.edu

Application for (circle all that apply): LSAMP McNair

**Part I**

Name: Date:

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

Email: Date of Birth:

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

University ID **and** Social Security No.: College:

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

Major: Minor:

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

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

Cumulative GPA: Expected Graduation Date:

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

RIT Mailing Address:

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

Home/Permanent Mailing Address:

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

Cell Phone Number: Home Phone Number:

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

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

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

Parent/Guardian Address:

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

Parent/Guardian Home Phone Number:

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

High School attended (name, city and state):

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

Country of birth if other than USA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Citizenship Status (circle): 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 \_\_\_\_\_ White, Non-Hispanic\* \_\_\_\_\_\_

Hispanic/Latino \_\_\_\_\_ Other (specify)\*\_\_\_\_\_\_\_\_\_\_\_

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

 **Income Eligibility Questions**

What is your Adjusted Gross Income? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of family members in your family? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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:

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

Do you plan to apply to graduate school (circle)? Yes No
If yes, when do you anticipate attending?

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**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 III**

**1. What are your career plans/goals, and how do they fit with the program you are applying for? (Please attach an essay of at least 350 words)**

**2. 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.