



RONALD E. MCNAIR
POST-BACCALAUREATE
ACHIEVEMENT PROGRAM

RONALD E. MCNAIR POST-BACCALAUREATE
ACHIEVEMENT PROGRAM AT RIDER UNIVERSITY

STUDENT APPLICATION

The Ronald E. McNair Post-Baccalaureate Achievement Program is an academic enrichment, graduate school preparation program sponsored jointly by the U.S. Department of Education and Rider University. The purpose of the McNair Program is to increase the number of doctoral degrees attained by students who are first generation and income eligible, or a member of an underrepresented group in graduate programs. The information requested in this application is used to document student eligibility and establish a personal record. Completion of this application and submission of your parent's/guardian's IRS 1040 tax form (your own, if you are an independent student as described below) are required for acceptance into the program. All information provided will be kept confidential. Please PRINT CLEARLY.

NAME: _____ SOC. SEC. # _____

CAMPUS ADDRESS _____ CELLULAR () _____ BRONC ID # _____

ALTERNATE EMAIL (OTHER THAN RIDER ADDRESS): _____

PERMANENT/HOME ADDRESS: _____ CITY: _____

STATE: _____ ZIP CODE: _____ PERMANENT/HOME PHONE # () _____

DATE OF BIRTH: _____ AGE: _____ GENDER: _____ Male _____ Female

ARE YOU A CITIZEN OR PERMANENT RESIDENT OF THE UNITED STATES? Yes No

RACE/ETHNICITY:

- American Indian/Alaska Native¹ Asian² Black or African American³
- Hispanic/Latino⁴ White⁵ Native Hawaiian or Other Pacific Islander⁶
- Other: _____

WHAT IS YOUR DEPENDENCY STATUS? _____ Dependent Student _____ Independent Student*

*An independent student is one who is either 24 years of age or older, an orphan or ward of the court until the age of 18, has legal dependents other than spouse, a veteran of the U.S. armed forces, legally married, or deemed independent by professional judgment of a financial aid administrator.

HOUSEHOLD SIZE? _____ Do YOU HAVE ANY DEPENDENTS? Yes No
(Include self) If yes, how many? _____ List age(s)? _____

WITH WHOM DO YOU LIVE? (Check all that apply.)

- Mother and Father Relative(s) Self Children
- Mother or Father Only Legal Guardians Spouse Other

PARENT/GUARDIAN NAME: _____ TELEPHONE # () _____

PARENT/GUARDIAN ADDRESS: _____

SPECIFY PARENT'S HIGHEST LEVEL OF EDUCATION COMPLETED:

	MOTHER	FATHER
Elementary/Middle School Diploma	<input type="checkbox"/>	<input type="checkbox"/>
High School Diploma	<input type="checkbox"/>	<input type="checkbox"/>
Associate's Degree (2-year county/community college degree)	<input type="checkbox"/>	<input type="checkbox"/>
Bachelor's Degree (4-year college/university degree)	<input type="checkbox"/>	<input type="checkbox"/>
Master's/Doctorate Degree	<input type="checkbox"/>	<input type="checkbox"/>
Attended college, but no degree was obtained/awarded	<input type="checkbox"/>	<input type="checkbox"/>

WERE YOU RECOMMENDED TO THE PROGRAM BY SOMEONE OTHER THAN THE MCNAIR STAFF? Yes No

If yes, by whom? _____

McNair Office Use Only: COHORT AY

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DATE OF ENTRY AT RIDER: _____ EXPECTED GRADUATION DATE: _____

CURRENT STATUS/
YEAR CLASSIFICATION: _____ TOTAL CREDITS
COMPLETED: _____ CUMULATIVE
GPA: _____

AT THE END OF SPRING SEMESTER, I WILL BE A: _____ Rising Junior (i.e., completed my Sophomore year)
_____ Rising Senior (i.e., completed my Junior year)

MAJOR(S): _____ MINOR: _____

ARE YOU A TRANSFER STUDENT? Yes No (If yes, complete section below.)

College: _____ Cum. GPA: _____

Major: _____ Were you awarded a degree? Yes No

DO YOU HAVE ANY CONDITIONS THAT MAY BE CONSIDERED DISABLING OR REQUIRE ACCOMMODATION? Yes No

_____ Learning Disability Please describe: _____

_____ Physical Disability _____

ARE YOU A MEMBER OF THE FOLLOWING PROGRAMS? (Please check Yes or No)

SSS-Student Support Services Prog. Yes No RAP-Rider Achievement Prog. Yes No

EOP-Educational Opportunity Prog. Yes No Athletic Team at Rider Univ. Yes No

BHP-Baccalaureate Honors Prog. Yes No Sportsteam: _____

WHAT IS YOUR ACADEMIC GOAL OR INTEREST AFTER GRADUATING FROM RIDER UNIVERSITY?

- DEFINITELY pursuing a graduate degree with the intent of acquiring a Doctoral Degree.
- POSSIBLY pursuing a graduate degree with the consideration of acquiring a Doctoral Degree.
- INTERESTED in graduate school, but need more information and/or guidance to confirm my decision.
- OTHER: _____

HAVE YOU CONDUCTED OR ENGAGED IN RESEARCH? Yes No (If yes, answer questions below.)

Research Faculty Name: _____ When? _____

Research Study or Area: _____

WHY ARE YOU INTERESTED IN THE RONALD E. MCNAIR PROGRAM? WHAT ARE YOUR SCHOLASTIC/CAREER GOALS?

NOTE: For full consideration and acceptance into the Program, your parent's/guardian's IRS 1040 tax form (page 1 & 2 only) or your own form (if you are an independent student) is required along with this completed application.

ARE YOU SUBMITTING THE IRS 1040 TAX FORM ALONG WITH APPLICATION? Yes No – Tax forms will follow
(If unable to provide the necessary tax forms due to extenuating circumstances, please consult with a program administrator.)

MY SIGNATURE BELOW CONFIRMS THE INFORMATION ON THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

STUDENT SIGNATURE _____

DATE _____

Please return application and tax form to: Ronald E. McNair Program, Rider University, 2083 Lawrenceville Road, Lawrenceville, NJ 08648
Office: (609) 896-7766 or 895-5614 Fax: (609) 895-5507 Vona Academic Annex, Rm. 17