The Ronald E. McNair
Postbaccalaureate Achievement Program
at
Coppin State University

PROGRAM APPLICATION

Please respond to each item. TYPE or PRINT legibly in black or blue ink.

1. Applicant: _____

2. Permanent Address: _____
   Number and Street

   _____
   City State Zip code

3. Telephone Numbers: ( ) _____
   Home

   ( ) _____
   Employment

   _____
   e-mail Address

4. Date of Birth: _____
   Month Day Year

5. S.S. Number: _____

6. Please provide the names and addresses and telephone numbers of 2 contacts with whom you would keep in touch if you were to relocate. (Example: parents, grandparents, guardian)

   _____
   Name Relationship to Applicant

   _____
   Address City, State, Zip code

   _____
   Telephone Number

6. _____
Name Relationship to Applicant

_____
Address City, State, Zip code

_____
Telephone Number

7. Race/Ethnicity (*Please check the appropriate response.)*

_____ African American/Black American _____ Asian American

_____ Caucasian American _____ Hispanic American

_____ Native American _____ Other (*Please specify.)*

(_____)

8. Gender (*Please check the appropriate response.)* __ *Female* __ *Male*

9. Nationality *(Please check the appropriate box.)*

_____ U.S. Citizen _____ Permanent Resident of U. S.

_____ Other (*Please specify here: _____)*

10. Participation in Special Programs *(Please check the programs in which you have participated in the past.)*

_____ Talent Search _____ Upward Bound

_____ Educational Opportunity Center _____ Student Support Services

11. Classification: _____

12. Major Field of Study: _____

13. Field in Which Applicant Aspires to Earn Doctoral Degree: _____

14. Area of Specialization: _____

15. Has your mother or father earned a four-year college degree? ___Yes ___No

16. Were you claimed as a dependent by your parent(s) or guardian(s) during the previous tax year? _____ Yes _____ No

(If your answer is Yes, please skip 17 and 18 and attach a copy of last year's Form 1040 or 1040A on which you were claimed as a dependent. If your family did not submit a form 1040 or 1040A, please skip 17 and proceed to 18.)

17. Were you an independent student during the previous tax year?
FOR A DEFINITION OF "INDEPENDENT STUDENT," SEE THE LAST PAGE OF THIS FORM.

_____ Yes _____ No

18. **TO BE COMPLETED AND SIGNED *ONLY* BY THE HEAD OF THE HOUSEHOLD OR BY AN INDEPENDENT STUDENT. (AS DEFINED ON THE LAST PAGE OF THIS FORM)**

I hereby certify that, in _____, my household size was _____ and
(previous year) *(number)*

my taxable income was $_____.

Signature of Head of Household **OR** of Independent Student

_____
Signature Date

19. To the best of my knowledge, all of the information presented in this application is complete and accurate.

_____
Applicant's Signature Date

All applications must include the following documents before the applicant is considered for admission into the Coppin State University McNair Program:

- ***the application***
- ***3 recommendation forms***
- ***the appropriate tax form***

Definition of an "Independent Student"

AN "INDEPENDENT STUDENT" IS SOMEONE WHO MEETS *ONE* OR *MORE* OF THE FOLLOWING CRITERIA:

A. WILL BE 23 YEARS OLD BY DECEMBER 31 OF THE CURRENT YEAR

OR

B. IS MARRIED

OR

C. HAS AT LEAST ONE CHILD

A STUDENT WHO WANTS TO BE DEEMED AN INDEPENDENT STUDENT BUT WHO DOES NOT MEET AT LEAST *ONE* OF THESE CRITERIA MUST COMPLETE A CHANGE-OF-STATUS FORM IN THE OFFICE OF FINANCIAL AID. THE FINANCIAL AID OFFICE WILL DETERMINE WHETHER THE STUDENT MAY BE CLASSIFIED AS INDEPENDENT.

CONFIDENTIALITY: The information contained in this application shall not be publicly disclosed except as required by law.

Return this form to the

RONALD E. McNAIR POSTBACCALAUREATE ACHIEVEMENT PROGRAM.

Coppin State University
2500 West North Avenue
Baltimore, Maryland 21216-3698
410-951-3488
Fax 410-951-3389

(The McNair Program is funded at the 100% level by the United States Department of Education from 1999-2004. Funding is as follows: 1999-2000—$242,337, 2000-2001 - $259,607, 2002-2003—$285,416, 2003-2004—$280,925.)

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RECOMMENDATION FORM

TO THE APPLICANT:

Please give this form to a faculty member or an employer who knows you well enough to assess your current capabilities and your potential to earn a doctoral degree in the coming years. **If you have completed at least one semester at Coppin, two of your three recommendations must be prepared by Coppin State University faculty members.** All recommendations are to be mailed **directly** to the McNair Program.

TO THE RECOMMENDER:

The individual who forwarded this recommendation form to you is applying for participation in the Ronald E. McNair Postbaccalaureate Achievement Program, which is designed to provide academically able undergraduate students with opportunities to learn about graduate education and to hone skills they will need to succeed in the graduate setting. You can assist Program administrators in the selection process by providing an assessment of the applicant's personal qualities and academic abilities. Your candid assessment would be appreciated.

A. GENERAL DATA

1. Name of applicant: _____

   PeopleSoft ID: _____

2. Name of department of recommender *(if applicable)*: _____

3. Recommender's telephone number: ( ) _____

4. Length of time recommender has known applicant: ____ year(s) ____ month(s)

5. Capacity in which recommender has known applicant: _____

6. Class(es) recommender taught in which applicant was enrolled and grade(s) applicant earned *(if applicable)*: _____
   Course (e.g., English 103) *Grade Earned (e.g., A)*

   _____

(OVER)

B. ASSESSMENT

Please rate the applicant according to the following scale:

[4] Exceptional [3] Above Average [2] Average [1] Below Average [0] Not Observed

_____ Self-motivation

_____ Personal responsibility

_____ Openness to ideas

_____ Oral communication skills

_____ Written communication skills

_____ Analytical skills

_____ Critical-thinking/reading skills

_____ Pursuit and completion of independent research projects

_____ Consistency of academic performance

_____ Knowledge of major field

_____ Likelihood of success in graduate school

Comments: _____

_____

_____

_____

CONFIDENTIALITY: The information contained in this recommendation shall not be publicly disclosed except as required by law.

Signature of Recommender _____

Printed Name of Recommender _____

Date: _____

PLEASE RETURN THIS FORM TO: Director of McNair Program
Coppin State University
2500 West North Avenue
Baltimore, Maryland 21216-3698