

The SOU Ronald E. McNair Post-Baccalaureate Achievement Program

The SOU Ronald E. McNair Post-Baccalaureate Achievement Program is a U.S. Department of Education TRiO program designed to prepare eligible program participants for doctoral studies through involvement in research and other scholarly activities. McNair participants are from disadvantaged backgrounds, have demonstrated strong academic potential, and have been selected for the honor of participating in the program. The program works closely with these participants through their undergraduate requirements, encourages their entrance into doctoral programs, and tracks their progress throughout their successful completion of the Ph.D.

STEP ONE: DETERMINE YOUR ELIGIBILITY

To be eligible for the McNair Program, you must qualify under Category A OR under Category B (*some applicants may qualify in both categories, but this is not necessary*).

CATEGORY A:

A1. Are you potentially a first-generation college graduate? (a student neither of whose natural or adoptive parents received a baccalaureate degree or a student who, prior to the age of 18, regularly resided with and received support from only one parent, and whose supporting parent did not receive a baccalaureate degree)

☐ Yes ☐ No

If you answered “yes,” please answer the following question:

A2. Are you a low-income individual? (Your family’s taxable income for the preceding year did not exceed 150% of the poverty level amount. Taxable income is typically lower than gross income. See the Federal TRiO Programs income guidelines at: <https://www.ed.gov/about/ed-offices/ope/trio/federal-trio-programs-current-year-low-income-levels>)

☐ Yes ☐ No

CATEGORY B:

Are you a member of one of these groups defined by Congress as traditionally underrepresented in graduate education? (American Indian/Native American; Black/African American; Alaskan Native; Hispanic/Latino; Native Hawaiian; Other Pacific Islander: Specify _____)

☐ Yes ☐ No

-If you answered **NO** to one or both questions in Category A and answered **NO** to the question in Category B, STOP NOW; you would not be eligible to participate in this federally funded program, so do not complete an application.

OR

-If you answered **YES** to both questions in Category A and/or **YES** to the question in Category B, please respond to the following questions:

1. Are you an enrolled SOU undergraduate Sophomore, Junior or Senior who will not graduate and who will remain an enrolled, degree-seeking undergraduate student at SOU through at least Fall term 2026 (December 2026)?

☐ Yes ☐ No

2. Have you demonstrated strong academic potential (an overall cumulative GPA of 2.75 or better)?

☐ Yes ☐ No

3. Is it true that you have never been enrolled in a doctoral program?

☐ Yes ☐ No

4. Do you plan to obtain a Ph.D.?

☐ Yes ☐ No

If you answered “Yes” to all of the questions above (1-4), you may be eligible for the McNair Program and should continue to Step Two and complete the application process. If you are uncertain about your eligibility for the McNair Program, please contact the McNair office at McNair@sou.edu and speak with a staff member before proceeding with the application process.

STEP TWO: APPLICATION

Use this checklist to prepare your application packet.

The SOU Ronald E. McNair Post-Baccalaureate Achievement Program will accept completed applications **submitted or postmarked by MAY 30, 2025.** (Applications received after the deadline will not be considered.)

All application packets **MUST include the following required documents and be printed SINGLE SIDED and completed in BLUE or BLACK ink:**

- ☐ **SOU Ronald E. McNair Post-Baccalaureate Achievement Program Application Form** completed in blue or black ink, initialed and signed by the applicant.
- ☐ **Personal Statement Questions.** Please write a well-reasoned response to each question. *The combined total of all five responses should not exceed three pages (12 point font, single-sided, double spaced).*
 1. Why have you chosen your academic discipline and why does it interest you?
 2. Identify the contributions that you hope to make to your chosen field of study and how your contributions will impact the community.
 3. Please discuss your long-term professional plans and career goals and explain how earning a Ph.D. will support them.
 4. What barriers do you foresee to pursuing your career goals? How will you overcome them?
 5. Why do you want to participate in the McNair Program and how do you anticipate using the resources of the McNair Program to meet your educational goals?
- ☐ **Two (2) Faculty Letter of Recommendation Forms**, with the top section completed and provided by the applicant prior to submitting to the faculty member. Recommendations should be completed by SOU faculty members, or by a faculty member of a college/university you recently transferred from if this is your first term at SOU. Letters are to be emailed to the McNair Program, along with the letter of recommendation form, BY THE LETTER WRITER to McNair@sou.edu. (LOR form available to download under application link on <https://mcnair.sou.edu/sou-mcnair-application-process/>)
- ☐ **Plan to Graduation Form** showing enrollment at least through Fall 2026, signed by the applicant.
- ☐ **Pre-Program Needs Assessment Form**, signed and dated.
- ☐ **Unofficial (or official) copies of transcripts** from every college and university you have ever previously attended, including a current unofficial transcript showing your enrollment at SOU this term.
- ☐ **Your Current Curriculum Vitae (CV).** CV Template for applicants provided here:
- ☐ https://mcnair.sou.edu/wp-content/uploads/2024/08/McNair_Application_CV_template.docx
- ☐ and CV instructions can be found here: https://mcnair.sou.edu/wp-content/uploads/2024/08/Instructions_McNair_Application_CV_Template.pdf

Program Eligibility and Earnings Certification, signed and dated. If applicant was a dependent for tax filing purposes (see description of dependent vs. independent on certification form) parent or guardian **MUST** sign and submit the earnings certification. A scanned/printed copy of certification is acceptable for application processing, however if the applicant is accepted into the cohort an original signature must be submitted to the McNair office.

Note: It is the applicant's responsibility to obtain all required documents (aside from letters of recommendation) and submit them in one packet:

- **Drop-off in office: no later than 5:00 PM on 5/30/2025 at 521 S. Mountain Ave., Lower level, Ashland, OR 97520-5062.**
- **By mail: postdated no later than the application deadline (5/30/2025) to: SOU McNair Program, 1250 Siskiyou Blvd., Ashland OR 97520-5062.***

***Email mcnair@sou.edu from your sou.edu account if you have sent your application materials in the mail to let them know, and you will be told when your application was received, and qualified applicants will be invited to interview with the SOU Ronald E. McNair Post-Baccalaureate Achievement Program Advisory Council.**

SOU McNAIR 2026 COHORT APPLICATION, SPRING TERM 2025

(Please print application **SINGLE SIDED** and use **BLUE or BLACK** ink for your responses)

I. APPLICANT INFORMATION

Full Legal Name: _____
Last Middle First

Preferred Name/Pronouns: _____

Current Address: _____
Address Apt# City State Zip

Permanent Address: _____
Address Apt# City State Zip

SOU/Local Phone: () Permanent Phone: ()

Personal Email: _____ Hometown & State: _____

Social Security Number: _____ SOU ID Number: _____

Date of Birth: _____ Place of Birth: _____

Citizenship (check one): ☐ U.S. Citizen ☐ Permanent Resident# ☐ Other (specify): _____

Legal Sex Designation: ☐ Male ☐ Female

Have you ever received a baccalaureate degree? ☐ Yes ☐ No

Have you ever enrolled in a doctoral program? ☐ Yes ☐ No

How do you describe yourself? (Answer ***both*** questions)

Ethnicity: Are you Hispanic/Latino? ☐ Yes ☐ No

Race: ☐ American Indian or Alaska Native: ☐ Asian ☐ Black or African American ☐ White ☐ Native Hawaiian ☐ Other Pacific Islander (specify): _____

List your SOU academic major(s): _____ Current cumulative GPA: _____

Have you ever been enrolled at a community college? ☐ Yes ☐ No

What date did you begin taking college courses? _____

How did you hear about the SOU McNair Program? _____

II. FAMILY INFORMATION

Father's name: _____
Last Middle First

Highest grade father completed: _____

Father's college/university degree(s) completed: (check all degrees completed)
☐ None ☐ Associate ☐ Bachelor ☐ Master ☐ Doctorate

Mother's Maiden Name: _____
Last Middle First

Highest grade mother completed: _____

Mother's college/university degree(s) completed: (check all degrees completed)
☐ None ☐ Associate ☐ Bachelor ☐ Master ☐ Doctorate

III. EDUCATIONAL INFORMATION

What is your anticipated graduation date for the bachelor degree from SOU (*check a month and a year*):

Month: ☐ December Year: ☐ 2026
☐ March ☐ 2027
☐ June ☐ 2028
☐ August ☐ 2029

Do you intend to apply for graduate school? ☐ Yes ☐ No

Do you plan to enter graduate school in the fall term immediately after baccalaureate graduation? ☐ Yes ☐ No

What is the highest degree objective that you seek? (*check only one box*)

- ☐ Master
☐ Ph.D.
☐ Ed.D.
☐ Professional Doctorate (D.P.T.; J.D.; M.D.; Psy.D.; etc.)
☐ Other: _____

What is your proposed field of graduate study? _____

READ AND SIGN THIS STATEMENT

I understand the eligibility criteria for the McNair Program and affirm that all the information I have supplied is true and correct to the best of my knowledge. I also understand that if I am selected as a Scholar, I will be required to provide official transcripts and may be required to supply income tax forms for verification of eligibility. I understand that if accepted as a McNair Scholar I will be expected to adhere to the tenets of the McNair Scholar Agreement.

Applicant Signature: _____ Date: _____
Please sign in ink. Note that electronic signatures cannot be accepted.

SOU McNAIR PROGRAM ELIGIBILITY AND EARNINGS CERTIFICATION

Correct information is essential for determining eligibility. If the information provided here is not accurate, you may be considered ineligible to participate in the McNair Program.

Applicant Full Legal Name: _____
Last Middle First

Certifying Individual's Full Legal Name: _____
Last Middle First

Instructions: Complete **Section A.** and **Section B.** of certification and **sign and date.** *If applicant is a **DEPENDENT** for financial aid purposes (see description of dependent vs. independent on certification form) parent or guardian **MUST** sign and submit the earnings certification. A scanned/printed copy of certification is acceptable for application processing, however if the applicant is accepted into the cohort an original signature must be submitted to the McNair office. Federal TRIO Program financial eligibility guidelines are located at: <https://www.ed.gov/about/ed-offices/ope/trio/federal-trio-programs-current-year-low-income-levels>*

SECTION A: Filing Status

What is your federal tax filing status according to your 2024 taxes? (*Tax filing status descriptions provided can be found at: <https://studentaid.gov/sites/default/files/fafsa-dependency.pdf>*)

☐ **INDEPENDENT**

An independent student is one (at least) of the following: at least 24 years old (on or before December 31st of last year), married, a graduate or professional student, a veteran, a member of the armed forces, an orphan, a ward of the court, or someone with legal dependents other than a spouse, an emancipated minor or someone who is homeless or at risk of becoming homeless.

☐ **DEPENDENT**

A dependent student: under the age of 24 on December 31st of last year, do not have a dependent child, not a member of the U.S. Armed Forces, and at any time since you turned 13 one or both of your parents were living, you were not in foster care, nor were you a dependent or ward of the court.

SECTION B: Household Size and Taxable Income

Taxable income is usually lower than Gross income. **Taxable income** is shown on the 2024 IRS Form 1040, line 10.

If INDEPENDENT student:

What is the size of your household, including yourself, spouse, and/or other dependents?

Did you file a federal income tax return for last year?

☐ Yes ☐ No

Your 2024 household TAXABLE (NOT GROSS) income: \$ _____

If DEPENDENT student:

What is the size of your parents' household, including yourself, parent(s) and other dependents?

Did you file a federal income tax return for last year?

☐ Yes ☐ No

Did your parents file a federal tax return for last year?

☐ Yes ☐ No

Your 2024 TAXABLE (not gross) income: \$ _____

+Your parents' 2024 TAXABLE (not gross) income: \$ _____

+Your parents' other dependents' 2024 TAXABLE (not gross) income: \$ _____

TOTAL household 2024 TAXABLE income: \$ _____

CERTIFICATION:

I certify that all the information provided in the above sections is true, correct, and complete to the best of my knowledge.

Certifying Individual : ☐ Student ☐ Student's Parent/Guardian

Certifying Individual's Name (printed): _____

Certifying Individual's Signature
(parent or guardian if applicant is a dependent)

Date

FACULTY LETTER OF RECOMMENDATION

To be completed by a faculty member from SOU. (If this is your first term at SOU a faculty member from your previous college/university (*who teaches in your academic major discipline area*) may write a letter of recommendation for you).
Individual LOR Forms can be downloaded at: <https://mcnair.sou.edu/sou-mcnair-application-process/>)

This section must be completed by the applicant prior to submission to the recommender.

Applicant Full Legal Name or Preferred Name: _____

Applicant SOU ID#: _____

SOU _____

Major(s): _____

Proposed Field of Graduate Study: _____

Please check one: (the alternative you select will not affect consideration of your application for admission)

- ☐ (Optional) Waiver: I voluntarily waive all rights to review this letter of recommendation conferred by the Family Education Rights and Privacy Act of 1974, as amended.
- ☐ I do not waive my rights to review this letter of recommendation.

Signature _____

Date _____

To the Recommender: The McNair Program is designed to prepare student participants for doctoral studies through involvement in research and other scholarly activities. The Program will work closely with these students throughout their undergraduate years, encourage their entrance into graduate programs and track their progress to successful completion of advanced degrees.

Please note: If the student has not waived rights (above), the student may request a copy of this form and accompanying letter.

Please attach to this form a letter about the applicant. In this letter, please address the following:

- How long have you known the applicant and in what capacity?
- Evaluate the applicant's:
 - academic aptitude and preparation for graduate work, including oral and written communication;
 - motivation for the pursuit of advanced graduate study and attaining a Ph.D.;
 - recent academic performance in the major or in the minor.
- Comment on the specific areas that this applicant will need to develop in order to be a competitive applicant for graduate school admission.

If the applicant is selected for participation in the SOU McNair Program, and if you are a SOU Faculty Member with a Ph.D., would you be willing to serve as the applicant's McNair Faculty Mentor?

- ☐ Yes
- ☐ No
- ☐ Not Applicable

Recommender's Name _____ Date _____

School/Department _____ Position/Title _____

Address _____

Signature _____ Date _____

Please return this form and letter to the McNair Program no later than May 30, 2025. You can send them to us by email at: McNair@sou.edu, or provide the documents in a sealed envelope with your signature across the sealed closing to the applicant to include in their application packet.

Thank you for your timely response.

FACULTY LETTER OF RECOMMENDATION

To be completed by a faculty member from SOU. (If this is your first term at SOU a faculty member from your previous college/university *(who teaches in your academic major discipline area)* may write a letter of recommendation for you)
Individual LOR Forms can be downloaded at: <https://mcnair.sou.edu/sou-mcnair-application-process/>)

This section must be completed by the applicant prior to submission to the recommender.

Applicant Full Legal Name or Preferred Name: _____

Applicant SOU ID#: _____

SOU _____

Major(s): _____

Proposed Field of Graduate Study: _____

Please check one: (the alternative you select will not affect consideration of your application for admission)

- ☐ (Optional) Waiver: I voluntarily waive all rights to review this letter of recommendation conferred by the Family Education Rights and Privacy Act of 1974, as amended.
- ☐ I do not waive my rights to review this letter of recommendation.

Signature _____ Date _____

To the Recommender: The McNair Program is designed to prepare student participants for doctoral studies through involvement in research and other scholarly activities. The Program will work closely with these students throughout their undergraduate years, encourage their entrance into graduate programs and track their progress to successful completion of advanced degrees.

Please note: If the student has not waived rights (above), the student may request a copy of this form and accompanying letter.

Please attach to this form a letter about the applicant. In this letter, please address the following:

- How long have you known the applicant and in what capacity?
- Evaluate the applicant's:
 - academic aptitude and preparation for graduate work, including oral and written communication;
 - motivation for the pursuit of advanced graduate study and attaining a Ph.D.;
 - recent academic performance in the major or in the minor.
- Comment on the specific areas that this applicant will need to develop in order to be a competitive applicant for graduate school admission.

If the applicant is selected for participation in the SOU McNair Program, and if you are a SOU Faculty Member with a Ph.D., would you be willing to serve as the applicant's McNair Faculty Mentor?

- ☐ Yes
- ☐ No
- ☐ Not Applicable

Recommender's Name _____ Date _____

School/Department _____ Position/Title _____

Address _____

Signature _____ Date _____

Please return this form and letter to the McNair Program no later than May 30, 2025. You can send them to us by email at: McNair@sou.edu, or provide the documents in a sealed envelope with your signature across the sealed closing to the applicant to include in their application packet.

Thank you for your timely response.

SOU McNair Applicant Plan to Graduation Form 2025-2028

Fall 25			Winter 26			Spring 26			Summer 26		
Dept. & Number	Course	Credit	Dept. & Number	Course	Credit	Dept. & Number	Course	Credit	Dept. & Number	Course	Credit

Fall 26*			Winter 27			Spring 27			Summer 27		
Dept. & Number	Course	Credit	Dept. & Number	Course	Credit	Dept. & Number	Course	Credit	Dept. & Number	Course	Credit

Fall 27			Winter 28			Spring 28			Summer 28		
Dept. & Number	Course	Credit	Dept. & Number	Course	Credit	Dept. & Number	Course	Credit	Dept. & Number	Course	Credit

**Please note, enrollment at SOU through at least Fall 2026 is required for eligibility for the 2026 McNair Cohort.*

Name: _____ Signature: _____

SOU MCNAIR PROGRAM APPLICATION PRE-PROGRAM NEEDS ASSESSMENT

Name (print): _____

Date: _____

If you are accepted as a McNair Scholar this information will be used to help us determine priorities in providing services to you and to assess how the McNair Program has helped you when you exit the Program.

Please circle the answer which best describes your situation:

HOW WELL DO YOU UNDERSTAND:	NOT AT ALL				VERY WELL
the requirements of the McNair Program?	1	2	3	4	5
what you need to do to complete your baccalaureate degree?	1	2	3	4	5
what you need to do to complete your baccalaureate degree?	1	2	3	4	5
how to finance graduate school?	1	2	3	4	5
how to choose a graduate program?	1	2	3	4	5
how to prepare for the Graduate Record Examination (GRE)?	1	2	3	4	5
how to apply to graduate school?	1	2	3	4	5
computer skills required for graduate school?	1	2	3	4	5
how to do library research?	1	2	3	4	5
how to use the Internet for research?	1	2	3	4	5
how to develop a research proposal in your discipline?	1	2	3	4	5
how to write a research paper in your discipline?	1	2	3	4	5
how confident do you feel about making an oral presentation?	1	2	3	4	5

Please indicate areas in which you think you may need support. You may use the other side of the page for additional space.