**BLOOMFIELD COLLEGE**
**McNAIR POST-BACCALAUREATE Achievement Program**

**Application for Admission**

Due date for applications to the McNair Scholars Program is __________________________

Send completed materials to:

Attn: Ms. Beverly Fields, Director
**McNair Scholars Program**
Learning Resource Center, McNair/LSAMP Lounge, Room 205
Bloomfield College
467 Franklin Street
Bloomfield, NJ 07003
Tel (973) 748-9000 Ext. 1662
Fax (973) 748-0015
Beverly_Fields@bloomfield.edu

**Personal Information**

Please print your information

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<tr>
<th>NAME:</th>
<th>________________</th>
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<td>Middle</td>
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<tr>
<th>ADDRESS:</th>
<th>________________</th>
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<tbody>
<tr>
<td>Street</td>
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<table>
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<tr>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
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<tr>
<th>TELEPHONE:</th>
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<tbody>
<tr>
<td>Cell</td>
<td>Home</td>
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<tr>
<th>EMAIL:</th>
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<tbody>
<tr>
<td>School</td>
<td>Other</td>
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<tr>
<th>DATE OF BIRTH:</th>
<th>________________</th>
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<td>(mm/dd/yyyy)</td>
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<tr>
<th>STATUS:</th>
<th>Full-time</th>
<th>Part-time</th>
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<tr>
<th>DORM RESIDENT</th>
<th>COMMUTER</th>
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If you reside in a dorm, what is the name?

Residence Hall: ____________________________

Campus Phone: ____________________________

Please indicate if you are a participant of one of the following Bloomfield College Programs (please check all that apply):

- [ ] EOF
- [ ] HONORS
- [ ] SAGE
- [ ] SSS-STAR
- [ ] LSAMP

Former TRIO Student [ ] Yes [ ] No

If yes, what TRIO program:

- [ ] EOC
- [ ] McNair
- [ ] Talent Search
- [ ] Upward Bound-Math/Science
- [ ] Upward Bound-Veterans
CITIZENSHIP:

- U.S. Citizen
- Permanent Resident

SOCIAL SECURITY #: __________ - ________ - ________

RESIDENT DOCUMENTATION CARD # (if applicable): __________________________

*Please attach copies of your Resident Document Card (front and back)

ETHNICITY: Federal law requires the College to report the ethnicity of all U.S. citizens and non-citizens in the following categories; please select one:

- Black/Non-Hispanic
- Hispanic
- Native American or Alaskan
- Asian/Pacific Islander
- Native Hawaiian
- Caucasian
- Other (Please specify) __________________________

Emergency Contact Information

EMERGENCY CONTACT: __________________________ PHONE: __________________________

ADDRESS:

Street

City

State

Zip Code

CURRENT MAJOR: __________________________ MINOR: __________________________

TOTAL NUMBER OF COMPLETED CREDITS: __________________________

CUMULATIVE GRADE POINT AVERAGE: __________________________ MAJOR AVERAGE: __________________________

Are you a first generation college student?  

- Yes  
- No  

(Meaning whether or not either of your parent(s) or legal guardian(s) earned a bachelor's degree)

If no, please indicate your relationship to the individual that attained the bachelor’s degree:

______________________________

List academic awards received and or leadership activities in which you have participated:

______________________________

______________________________

Do you intend to pursue a master’s degree?  

- Yes  
- No  
- Undecided

Do you intend to pursue a doctorate degree?  

- Yes  
- No  
- Undecided

If you answered yes to either question, in what discipline is your degree?

______________________________
Please list any graduate schools you are currently interested in.

Can you identify your first area of interest as it relates to a research topic?

Can you identify your second area of interest as it relates to a research topic?

**Essay:**

Please type a one page essay that discusses your future academic and career goals as they relate to achieving a doctorate and your desire to serve as a faculty member within a college or university setting. Also please discuss any personal information you believe would be helpful. Your essay should be double-spaced.

**Letters of Recommendation:**

Please have **TWO faculty members** complete the attached recommendation forms and return with any additional letters to: **McNair Scholars Program, Learning Resource Center, Room 205.**

List the faculty members’ names and phone numbers you will be using for your recommendations.

1st) ________________________________________________________________

2nd) ________________________________________________________________

**Income Tax Returns:**

A copy of your last income tax return is required. Please attach a **signed copy** of your parent(s) or guardian(s) last income tax return with your application. If you are independent, please submit a signed copy of your tax return forms. (Fall applicants should submit returns for the previous year). If you receive benefits such as, public assistance or disability benefits etc., please submit your most recent disbursement letter from the agency.

**Transcript and Class Schedule:**

Please attach an unofficial copy of your school transcript along with your most current class schedule.
Application Checklist:

Please use this checklist to ensure that you have collected all of the information needed for submission in order to receive full consideration. APPLICATIONS WILL NOT BE REVIEWED UNTIL ALL DOCUMENTS ARE SUBMITTED. You will be contacted for a personal interview if you qualify as a McNair candidate.

- Application has been completed
- Essay is typed
- Recommendations forms completed
- Unofficial college transcript and most current
- Income tax return for yourself or parent(s)/guardian(s)
- Public Assistance Benefit Documents (If applicable)
- Copy of Resident Documentation Card (back and front if applicable)

Certification of Information:
(Please read carefully before signing)

I certify that all information including family and financial documentation, I provided in this application package is true and accurate to the best of my knowledge. I authorize the McNair Scholars Program to solicit further information as needed from campus departments such as the Office of Financial Aid, Admissions, and the College Registrar. I understand that this information will be kept confidential and will be used only for purposes related to my application to the Bloomfield College McNair Scholars Program. In addition, if I am selected as a McNair Scholar, I will adhere to ALL of the policies and procedures set forth by the program.

Applicant’s Signature: ________________________________ Date: ____________________