

## PRESIDENT'S MINORITY GRADUATE ACCESS PROGRAM

### Purpose of the Award

The President's Minority Graduate Access Program award was originated to make graduate study at Western Illinois University more accessible to students who have been traditionally under-represented in higher education. In this spirit, the guidelines listed below have been developed. Permanent residency status or U.S. citizenship is required.

### Guidelines

The PMGAP award is \$2,000 **per semester** applied to tuition, fees, or other educational expenses for selected graduate students.

- Applicants must be accepted into Western's Graduate School and their major department as a degree candidate or as a probationary student.
- Students with full time graduate assistantships, DFI fellowships, or other scholarships (excluding bank loans) will not be eligible for this award.
- Students awarded the PMGAP grant must be enrolled as full-time (9 semester hours) graduate students, follow an approved plan of study and maintain a 3.00 on a 4.00 scale to receive the award for the second semester.
- This award is intended to be used primarily for the first two semesters of graduate school. Special requests for summer awards will be considered based upon the availability of funds.
- Special consideration will be given to applicants pursuing graduate degrees in fields where they have been traditionally under-represented.
- If a graduate assistantship should be awarded to a student who has already been granted the PMGAP award, the PMGAP award will be canceled or reduced and will be made available to another student who does not have the support of an assistantship.
- Students with PMGAP awards who withdraw or fail to register without notice to the board will not be eligible for future awards.

*The PMGAP selection committee reserves the right to obtain additional information on applicants.*

APPLICATIONS FOR THE PMGAP AWARD ARE AVAILABLE IN THE SCHOLARSHIP DIRECTOR'S OFFICE, 308 SHERMAN HALL, 309/298-2001, AND IN THE GRADUATE OFFICE, 527 STIPES HALL, 309/298-1806, WESTERN ILLINOIS UNIVERSITY, MACOMB, IL 61455.

## PRESIDENT'S MINORITY GRADUATE ACCESS PROGRAM

### APPLICATION FORM

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address City, State Zip

WIU I.D./S.S. #: \_\_\_\_\_ Ethnic Origin: \_\_\_\_\_

Check One:  U.S. Citizen  Permanent Resident

Gender:  Female  Male

Applying for PMGAP Funds Beginning:  SPRING 20\_\_\_\_ or  FALL 20\_\_\_\_

Reapplication for PMGAP:  Yes  No

Graduate Degree Sought: \_\_\_\_\_ Major Department: \_\_\_\_\_

Undergraduate Degree Earned: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

#### UNDERGRADUATE COLLEGE OR UNIVERSITY:

Please respond to the following in writing (typewritten or word processed responses preferred) on a separate sheet and attach to this application.

**STATEMENT OF PURPOSE:** Why are you interested in attending graduate school? Why are you pursuing the degree you have chosen?

**CAREER GOALS:** Discuss your short and long-term career goals and how a graduate degree might help you attain them.

**UNDERGRADUATE EXPERIENCE:** Was your undergraduate experience positive or negative? Why? How do you plan to use that experience in the future?

**SPECIAL INTERESTS:** Discuss your extra curricular activities, work experiences, charity work or whatever else you feel might appropriately illustrate your potential as a mature individual pursuing a graduate degree.

**AT LEAST ONE LETTER OF REFERENCE MUST BE SUBMITTED (PRINT AND USE THE ENCLOSED FORM).**

**Deadline date is May 1 for Fall Semester Consideration and November 1 for Spring Semester Consideration**

**PRESIDENT'S MINORITY GRADUATE ACCESS PROGRAM  
LETTER OF RECOMMENDATION**

Please return directly to: School of Graduate Studies  
1 University Circle  
Western Illinois University  
Macomb, IL 61455

Name of Applicant: \_\_\_\_\_  
Last
First
Middle

NOTICE: Public Law 93-380, the Family Education Rights and Privacy Act of 1974, grants all students the right to inspect and review all of their official educational records. This right extends to letters of recommendation written on/after January 1, 1975, except that students may waive their rights to inspect and review letters of recommendation by signing a waiver. If you wish to waive your right to access this letter, please sign below.

WAIVER: I, the undersigned, hereby waive the right to inspect or challenge the content and comments in this letter of recommendation, provided by Public Law 93-380. I expect that the observation made will remain confidential between the writer and the person, agency, or organization to whom my application materials may be sent.

DATE: \_\_\_\_\_ CANDIDATE'S SIGNATURE: \_\_\_\_\_

**To the Writer of the Recommendation:**

Please put an "x" in the spaces which most nearly represents your judgment of the above named applicant. Write a short evaluation statement under the item marked "Comments". Please use dark, clear type.

	Excellent	Good	Average	Fair	No Opportunity to Observe
<b>SCHOLARSHIP:</b> Preparation, desire to learn, application of knowledge gained					
<b>INITIATIVE:</b> Resourceful in the ability to direct own efforts productively					
<b>COMMUNICATION:</b> Effectiveness in oral and written expression					
<b>LEADERSHIP:</b> Ability to organize and direct the efforts of others productively					
<b>JUDGEMENT:</b> Ability to make valid decisions					
<b>POISE:</b> Self Control in interpersonal relations					
<b>POTENTIAL:</b> Promise for success in a profession					

**NATURE OF CONTACT WITH THIS STUDENT:** \_\_\_\_\_

**COMMENTS:** Use additional space on the reverse side of this paper or attach additional pages as necessary.

(Please type or print)

Your Name: \_\_\_\_\_ Professional Affiliation: \_\_\_\_\_  
 Official Position: \_\_\_\_\_ Address: \_\_\_\_\_

**PRESIDENT'S MINORITY GRADUATE ACCESS PROGRAM  
APPLICATION FORM - Addendum**

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
WIU I.D./S.S. #: \_\_\_\_\_

**STATEMENT OF PURPOSE:** Why are you interested in attending graduate school? Why are you pursuing the degree you have chosen?

**CAREER GOALS:** Discuss your short and long-term career goals and how a graduate degree might help you attain them.

**UNDERGRADUATE EXPERIENCE:** Was your undergraduate experience positive or negative? Why? How do you plan to use that experience in the future?

**SPECIAL INTERESTS:** Discuss your extra curricular activities, work experiences, charity work or whatever else you feel might appropriately illustrate your potential as a mature individual pursuing a graduate degree.

**Note- At least one letter of recommendation MUST be submitted (Print and use the attached form)**

**Deadline date is May 1 for Fall Semester Consideration and November 1 for Spring Semester Consideration**