

**PRESIDENT'S MINORITY GRADUATE ACCESS PROGRAM APPLICATION  
for Underrepresented Students\***

Name: \_\_\_\_\_ Student ID #: \_\_\_\_\_

Address: \_\_\_\_\_

Undergraduate College or University: \_\_\_\_\_

Check One: U.S. Citizen \_\_\_\_\_ Permanent Resident \_\_\_\_\_

Applying for funds beginning: Fall 20\_\_\_\_\_ or Spring 20\_\_\_\_\_

**Attach an essay (500-1,000 words) that addresses the following:**

1. Your short and long term career goals and how a graduate degree will help you to attain these goals.
2. The impact of your undergraduate degree toward your career goals. Describe whether your undergraduate experience was positive or negative, and how you will apply this experience to your graduate education and career goals.
3. Discuss your extracurricular activities, work experience, volunteer work, or any other information you feel might appropriately illustrate your potential as a mature individual pursuing a graduate degree.

**Attach or submit separately at least one letter of recommendation using the Recommendation Form.**

\*Underrepresented students have one or more ethnic origin: Native American/Alaskan Native, Hispanic, African American, or Asian or Island Pacific Islander.

Criteria

The PMGAP award is \$2,000 per semester (fall and spring) applied to the student's WIU university account.

- ◆ Applicants must be U.S. citizens or permanent residents accepted into Western's Graduate School and their major department as a degree candidate or as a probationary student.
- ◆ Students with graduate assistantships, DFI awards, or other scholarships (excluding bank loans) are not eligible for this award. The PMGAP scholarship will be canceled if a student receives any of these resources after receiving the PMGAP.
- ◆ Students 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.

*I have read and understand the criteria.*

Student signature \_\_\_\_\_

Date \_\_\_\_\_

Send to:  
Scholarship Office  
1 University Circle  
Western Illinois University  
Macomb, IL 61455

