Community College Scholarship

Application Cover Sheet 2015-2016 Program Year

The information provided in this application will be used to help the CT Space Grant’s Selection Committee in their application review process.

Completed Community College Scholarship Applications will consist of:

1. **Community College Scholarship Application Cover Sheet**
2. **Narrative**
3. **One Letter of Recommendation**
4. **Resume**
5. **Student Transcript**
6. **Grant Verification Form**
7. **Applicant Contact/Demographic Information**

**Note:** Refer to the student Request for Proposals booklet for full detail of submission requirements.

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| --- | --- | --- | --- | --- | --- |
| Primary Investigator (PI) | | | | | |
| Name:  Mr.  Ms.  Mrs. | | |  | | |
| School |  | | | | |
| Current GPA | |  | Major |  | |
| US Citizen | | Yes | Year of Program Completion | |  |
| Previous Space Grant Awards  (Please list all: include title/ date) | | |  | | |
| Phone | | |  | | |
| Official School Email Address | | |  | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Applicant Signature Date  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Please Print Name | | | | | |

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| Institutional Certification |
| Signatures below certify that the applicant’s institution approves of this application and acknowledges an understanding that if this proposal is awarded, the institution will need to enter into a sub-contract between itself and the University of Hartford before any NASA CT Space Grant Consortium funds can be disbursed.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Dean’s Signature Date    Please Print Name  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Advisor Signature Date    Please Print Name |