Project Grant

Application Cover Sheet Academic Year 2016-2017

The information provided in this form will be used to help the CT Space Grant Advisory Board’s Selection Committee in their awarding selection review process.

Completed applications will consist of:

1. **Project Grant Cover Sheet**
2. **Abstract**
3. **Narrative**
4. **Budget Worksheet**
5. **Resume/Curriculum Vitae**
6. **One Letter of Recommendation**
7. **Student Transcript:** must indicate current full-time enrollment status and a minimum cumulative GPA of 3.0
8. **Grant Verification Form**
9. **Applicant Contact/Demographic Information**

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

|  |
| --- |
| Primary Investigator (PI) |
| Name: [ ]  Mr. [ ]  Ms. [ ]  Mrs. |  |
| School |  | Major |  |
| Previous Space Grant Awards (Please list all; include title/date) |  |
| U.S. Citizen | [ ]  Yes | Expected Year of Graduation |  |
| Title of Project |  |
| Budget Requested |  |
| Period of Performance (mm/dd/yyyy- mm/dd/yyyy) |  |
| Academic Advisor |  |
| Advisor Email |  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Applicant Signature Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Please Print Name |
| For Group Project Only |
| [ ]  This application is for a group project. The following students are part of this group and if funded will participate in the project work along with the individual identified above as the PI on this grant: (Please upload a separate **Applicant Contact/Demographic Information Form** for each member of the team. |
| Name: | School:Major:Degree Expected:Expected Graduation Date: | Address:Phone:Email: |
| Name: | School:Major:Degree Expected:Expected Graduation Date: | Address:Phone:Email: |
| Name: | School:Major:Degree Expected:Expected Graduation Date: | Address:Phone:Email: |

|  |
| --- |
| 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.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Advisor Signature Date Please Print Name  |