Undergraduate, Community College, and Transfer Scholarship Application Cover Sheet

Academic Year 2016-2017

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

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|  Please mark the box of the type of scholarship desired. |
| [ ]  Community College  |
| [ ]  Undergraduate (4-year university/college) |
| [ ]  Community College Transfer (enrolled in a 4-year university/college after completing education at a community college) |

Complete scholarship applications will consist of:

1. **Scholarship Application Cover Sheet**
2. **Narrative**
3. **One Letter of Recommendation**
4. **Resume**
5. **Student Transcript:** must indicate current full-time enrollment status and a minimum cumulative GPA of 3.0; students applying for transfer scholarships must provide transcripts from the community college in which they were previously enrolled
6. **Grant Verification Form**
7. **Applicant Contact/Demographic Information**

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

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| Primary Investigator (PI) |
| Name: [ ]  Mr. [ ]  Ms. [ ]  Mrs. |  |
| School |  | Major |  |
| Current GPA |  |
| Previous Space Grant Awards (Please list all; include title/date) |  |
| U.S. Citizen | [ ]  Yes | Expected Year of Graduation/Program Completion |  |
| Phone |  |
| Official School Email Address |  |
| Academic Advisor |  |
| Advisor Email |  |
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| Institutional Certification |
| Signatures below certify that the applicant’s institution approves of this application.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_Advisor Signature Date Please Print Name |