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 |