**Student – Faculty Summer Research Grant**

**Application Cover Sheet 2015-2016 Program Year**

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| Primary Investigator (PI) |
| First Name |  | Last Name |  | MI |  |
| Rank/Title |  | Tenure Status |  |
| Consortium Member Institution |  |
| Department |  |
| Mailing Address |  |
| Phone |  |
| Project Title |  |
| Proposed Performance Period (mm/dd/yyyy – mm/dd/yyyy) |  |
| Collaboration (Specify Name & Contact Info) |  |
| Budget Requested |  | Match (1:1) Commitment Amount |  |
| Previous Space Grant Awards(s)(Please list all: include title and date) |  |

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| Student Researcher (#1) |
| Name: [ ]  Mr. [ ]  Ms. [ ]  Mrs. |  |
| School |  |
| Official School Email Address |  |
| Current GPA |  | Major |  |
| U.S. Citizen | [ ]  Yes | Expected Graduation Date |  |
| Previous Space Grant Awards (Please list all; include title/date) |  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Applicant Signature Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Please Print Name  |

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| Student Researcher (#2) |
| Name: [ ]  Mr. [ ]  Ms. [ ]  Mrs. |  |
| School |  |
| Official School Email Address |  |
| Current GPA |  | Major |  |
| U.S. Citizen | [ ]  Yes | Expected Graduation Date |  |
| Previous Space Grant Awards (Please list all; include title/date) |  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Applicant Signature Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Please Print Name  |

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| Institutional Certification |
| [ ]  Signatures below certify that the PI’s institution approves of the matching funds commitment indicated above and acknowledges an understanding that if this proposal is awarded, the PI’s 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.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Institutional Signature (Affiliate Grant Office) Date Please Print Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of Dean (PI’s) Date Please Print Name |

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| Eligibility Certification |
| [ ]  I certify that all of the information contained in this application is complete and correct and that I am a US Citizen and I meet all of the eligibility requirements for this program.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Faculty Applicant Signature Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Please Print Name |