Student Travel 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 Student Application will consist of:

1. **Travel Application Cover Sheet**
2. **Narrative**
3. **Budget Justification**
4. **One Letter of Recommendation**
5. **Resume/C.V.**
6. **Student Transcript:** must indicate current full-time enrollment status and a minimum cumulative GPA of 3.0
7. **Grant Verification Form**
8. **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 | | | |  | | |
| Previous Space Grant Awards (Please list all; include title/date) | | | |  | | |
| U.S. Citizen | Yes | | Expected Year of Graduation | | |  |
| Travel Destination | |  | | | | |
| Budget Requested | |  | | | | |
| Academic Advisor | |  | | | | |
| Advisor Email | |  | | | | |
| Dates of Planned Travel (mm/dd/yyyy – mm/dd/yyyy) | | | | |  | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Applicant Signature Date  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Please Print Name | | | | | | |

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| For Group Travel Only | | |
| This application is for a group’s travel. The following students are part of this group and if funded will accompany the PI identified above on this grant: (Please add a separate **Applicant Contact/Demographic Information** formfor 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: |

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