Undergraduate Research Fellowship

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 Undergraduate Student Fellowship Application includes:

1. **Applicant Contact/Demographic Information**
2. **Undergraduate Research Fellowship Cover Sheet**
3. **Abstract**
4. **Narrative**
5. **Resume**
6. **Two Letters of Recommendation**
7. **Student Transcript:** must indicate current full-time enrollment status and a minimum cumulative GPA of 3.0
8. **Grant Verification Form**

**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 |  |
| Proposed Period of Performance (mm/dd/yyyy – mm/dd/yyyy) |  |
| Title of Research |  |
| Academic Advisor |  |
| Advisor Email |  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Applicant Signature Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Please Print Name  |

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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  |