Undergraduate Scholarship Application Cover Sheet

2015-2016 Program Year

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

Complete scholarship applications will consist of:

1. **Undergraduate Scholarship Application Cover Sheet**
2. **Narrative**
3. **One Letter of Recommendation**
4. **Resume**
5. **Student Transcript**
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 |  | |
| Previous Space Grant Awards (Please list all; include title/date) | | | |  | | | |
| U.S. Citizen | | Yes | | Expected Year of Graduation | | |  |
| 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.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Dean’s Signature Date    Please Print Name  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_  Advisor Signature Date    Please Print Name |