

Graduate Research Fellowship

Application Cover Sheet 2013-2014 Program Year

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.

**Proposal Format and Checklist:** Submit a complete application as a single PDF file via email to [csgcinfo@hartford.edu](mailto:csgcinfo@hartford.edu). Components of the Graduate Fellowship Application include:

1. **Applicant Contact/Demographic Information** – This information is used separately for blind reporting to NASA.
2. **Abstract** - Must include a paragraph on relevance to aerospace research and/or one of NASA’s strategic enterprises.
3. **Graduate Research Fellowship Application Cover Sheet**
4. **Narrative** –5 double-spaced pages maximum – additional pages will not be reviewed. Please include a paragraph describing your spending plan and the period of proposed fellowship performance (*reminder: Space Grant Fellowship recipients cannot receive another federal fellowship or traineeship while receiving a Space Grant fellowship.)*
5. **Resume/Curriculum Vitae** –One page maximum
6. **Two Letters of Recommendation** - 1 must be from a research advisor. This advisor’s letter should include a brief description (couple of sentences) on how the grad student will be working for them and how they will support their NASA-related research. *(Note: faculty who wish to submit confidential letters of recommendation may email those to csgcinfo@hartford.edu.)*
7. **Student Transcript** - Official is preferred; however, unofficial is acceptable if availability at the time of submission is a problem.

Please Type

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| Name: Mr. Ms. Mrs. |  |
| School: |  |
| Telephone: |  |
| Email: |  |
| Previous Space Grant Awards (*please list* *all*): |  |
| Citizenship: US Citizen Naturalized Citizen Foreign Student | |
| Expected Date of Graduation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Proposed Period of Performance: Start Date: \_\_\_\_\_\_\_\_\_\_\_ End Date: \_\_\_\_\_\_\_\_\_\_\_ | |

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| Please answer the following: |
|  |
| Title of Research: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Academic Advisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Advisor Phone/Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  --------------------------------------------------------------------------------------------------------------------   * Why are you interested in this research? * Why should you be selected? * Describe how your current academic and/or long-term professional interests/experience will be enhanced by this research. |
| *I allow the CT Space Grant Consortium to post this application on their secured web page. This site will be accessible only to the Consortium Office and their Industrial Affiliates.*  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature Date   |  |  | | --- | --- | | **Institutional**  **Certification** | * Signatures below certify that the graduate student 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. |   Institutional Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_  Advisor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_ |