

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. 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

|  |  |
| --- | --- |
| 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: \_\_\_\_\_\_\_\_\_\_\_ |

|  |
| --- |
| 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: \_\_\_\_\_\_\_ |