

Ohio Space Grant Consortium

2019-2020 SCHOLARSHIP APPLICATION

(Must be delivered by March 1, 2019, to your Campus Representative. See Program Announcement for addresses.) Please TYPE/PRINT all information requested. All information will be kept strictly confidential and not shared.

Student Information:

NAME: (Last) (First) (Middle)

YOUR HOME (PERMANENT) ADDRESS: YOUR SCHOOL ADDRESS: (Complete only if you reside on campus.)

HOME PHONE: () CELL PHONE: () DATE OF BIRTH: Month/Day/Year

SCHOOL EMAIL: OTHER EMAIL:

CONGRESSIONAL DISTRICT:* *To locate your Congressional District, refer to: http://www.house.gov/ and enter your ZIP Code using your Home Address.

School Information:

- 1. I am currently an undergraduate student at: Name of University or College majoring in: Discipline
2. In the Fall, I will be classified as a: Junior Senior
3. Anticipated Graduation Date (Include Month and Year):
4. My current Grade Point Average is: out of a maximum of: scale.

Ohio Space Grant scholarships are largely supported through Federal funding. As a result, you must be a U. S. citizen to be eligible for this award. The following information is requested for statistical record keeping by NASA Headquarters.

- 5. I am a U. S. Citizen YES NO (You must be a U. S. Citizen to be eligible for this award.)
6. GENDER: Male Female
7. ETHNICITY: Hispanic or Latino Not-Hispanic or not Latino
8. RACE: American Indian or Alaskan Native Black or African American Native Hawaiian or Other Pacific Islander White Asian Some Other Race
9. I am a person with a disability. (A disability that limits a major life activity). If yes, please list:
10. I am a Military Veteran (a person who has served in any branch of the United States Armed Forces.)

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Applicant Name _____

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ALL SCHOLARSHIP APPLICANTS

Personal Objective Statement (Discuss educational and career goals):

On an attached sheet(s) (maximum two pages) enclose a description of your proposed research project that you will conduct during the scholarship period. Scholars are required to propose and initiate a research project on campus under the guidance of a faculty member. See your school's Ohio Space Grant Campus Representative for more guidance on project requirements. **Include your name at the top of each page. Your signature and the printed name and signature of your project advisor must also be included.**

Signature of Applicant _____ Date _____

Certification:

I certify that I am a citizen of the United States and am a full-time student (12 semester hours) at the Ohio university indicated during the period covered as stated in the Application. I will comply with OSGC Scholarship reporting requirements and other administrative requirements of this award as detailed in the Application package guidelines. I also certify that all information contained in the Application package is accurate.

Checklist for completed application package includes:

1. Completed Application Form (includes Personal Objective Statement)
2. Description of Proposed Research Project (2 pages maximum)
3. 2 Letters of Recommendation
4. Transcript(s)

Scholarship awards are contingent on appropriate funding from NASA.