

NASA SPACE GRANT SCHOLARSHIP Application

Only United States Citizens are eligible

Application must be typed.

SCHOLARSHIP APPLICANT

Student ID: _____

Full Name: _____

Primary Email: _____

Project Title: _____

Secondary Email: _____

Standing: Freshman Sophomore Junior Senior Grad Student GPA: _____

Major: _____

Minor (Second Major): _____

Hometown Congressional District: _____ (see map at end of document)

Faculty Research Sponsor: _____

I am willing to volunteer 10 hours to Stafford Space Museum or other approved activity

Yes No Previous recipient of NASA Scholarship. Date, if applicable: _____

Expected Presentation Venue (check all that apply)

Oklahoma Research Day

Southwestern Oklahoma State University Research/Scholarly Activity Fair

Other: _____

Submit all items in application packet simultaneously. Incomplete packages will NOT be considered.

Application Packet includes:

Description of Activity

Faculty sponsor Agreement and recommendation Letter

One Recommendation Letter from faculty other than sponsor

Required future plans and optional demographic page

Applicant's Signature

Date

Description of Proposed Activity.

A. Abstract: This should be a **layman’s description written by the student**. Specify benefits you expect to gain by participation in the project. Students applying for continuation of previously funded projects must clearly state results from previous funding, describe how current project is different from previously funded project and describe new activities and learning opportunities that will result from continued funding.

B. Description of major tasks necessary to complete project.

Major Task	Estimated hours

C. Estimated student expenses to complete project.

D. Is your participation in this project contingent upon receiving requested funds?

Yes

No

FACULTY Sponsor Agreement

Name: _____

Department: _____

E-mail Address: _____

If this scholarship money is required to support the research project (i.e. purchase supplies, chemicals, etc), please justify why current resources are not sufficient. :

Signature: _____

My signature indicates a willingness to insure presentation of student work and to encourage the completion of the student’s volunteer activity. Future funding of additional sponsored students may be contingent upon successful completion of this project and its volunteer component.

Student ID: _____

Future Plans (Required--Select one):

- Higher Education
 - Faculty
 - Administrative
 - Other

Private Industry

Teaching (K-12)

NASA

Non-NASA Federal Agency

State/Local Government

Nonprofit Organization

Military

Consulting

Undecided

Other Specify: _____

Student Demographics: Optional

Race:

African American

Asian

Caucasian

Hispanic

Native American

Pacific Islander

Other

Gender:

Female

Male

Person with Disability:

No

Yes

