

*Ohio Space Grant Consortium*

**2009-2010 FELLOWSHIP APPLICATION**

(Must be delivered by February 1, 2009. See Program Announcement for addresses.)

Please TYPE/PRINT in black ink all information requested. Note that it will be kept strictly confidential and not shared.

NAME \_\_\_\_\_ (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle)

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

TELEPHONE: ( ) \_\_\_\_\_ TELEPHONE: ( ) \_\_\_\_\_

CONGRESSIONAL DISTRICT:\* \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

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

1. Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ 2. GENDER:  Male  Female

3. I am a U. S. Citizen  YES  NO (You must be a U. S. Citizen to be eligible for this award.)

4. I am applying for a:

Doctoral Fellowship: MS or equivalent completed: \_\_\_\_\_ / \_\_\_\_\_ University \_\_\_\_\_ Department  
Month Year

Master's Fellowship: BS completed: \_\_\_\_\_ / \_\_\_\_\_ University \_\_\_\_\_ Department  
Month Year

5. I have applied for admission/have been admitted to: \_\_\_\_\_ University  
to obtain a graduate degree in \_\_\_\_\_ Discipline/Department  
Expected Graduation Date \_\_\_\_\_ Month \_\_\_\_\_ Year

6. Ohio Space Grant Scholarships are largely supported through Federal funding. As such, the following information is requested for statistical record keeping. Please mark the box corresponding to your ethnic origin.

Native American  Pacific Islander  African American  Hispanic  Caucasian  Asian  All Other

7.  I am a person with a disability. (A disability that limits a major life activity)

8. Undergraduate GPA \_\_\_\_\_ out of \_\_\_\_\_

Graduate GPA \_\_\_\_\_ out of \_\_\_\_\_

*Please complete reverse side.*

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Applicant Name \_\_\_\_\_

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***Ohio Space Grant Consortium***

9. For **Doctoral Fellowship applicants**, please list your MS Thesis title and advisor's name.

MS Thesis Title \_\_\_\_\_

Advisor Name \_\_\_\_\_

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10. A resume must be part of your application. It should include all scholarships, honorary societies, awards, engineering or scientific student leadership roles, and any other relevant recognition that you have received since entering college whether academic, non-academic or extracurricular. Include any fellowship that you hold at the time of submission of this application. The resume should also include any research projects that you have worked on, research publications on which you are author or co-author, and presentations.

11. In a concise essay, identify the specific objectives of your educational program, your intended research focus, how you expect to benefit from the Space Grant Fellowship and your long-range professional goals. Be as complete and as specific as you can, addressing each of these issues. This essay will be an important factor in the selection process. Also include information about any research program in which you may have been involved and your role in that program. Your essay is to be a **maximum of two pages** in length. Include your name and Social Security number at the top of each page, sign the essay, and attach it to this form.

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*I certify that all above information is correct.*

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Send or deliver this application, including your resume, essay, official transcript(s) of your undergraduate and previous graduate work, and **two** completed recommendation forms (in sealed envelopes), to the Ohio Space Grant Consortium Campus Representative at the member university where you intend to pursue your studies.