

Ohio Space Grant Consortium

2009-2010 SCHOLARSHIP 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. I am a U. S. Citizen YES NO (You must be a U. S. Citizen to be eligible for this award.)
3. GENDER: Male Female
4. I am currently an undergraduate student at _____
Name of University or College
majoring in _____
Discipline
5. I am applying for a: Junior Space Grant Scholarship Senior Space Grant Scholarship
at _____
University (if different from above)
By the beginning of Fall, 2009 Term, I will have completed _____ semesters or _____ quarters as a full-time undergraduate student. (Do not include Co-op terms.)
6. My current Grade Point Average is _____ out of a maximum of _____.

7. 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

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

Please complete reverse side.

Applicant Name _____

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JUNIOR SCHOLARSHIP APPLICANTS

On an attached sheet (one page), enclose a printed personal objective statement discussing your educational and career goals, and the benefits that you expect to derive from a Space Grant Scholarship. Your statement should also discuss your plans for a research project during the scholarship year. See your school's Ohio Space Grant Campus Representative for more guidance on project requirements. **Include your name and Social Security number at the top of the page and your signature at the bottom.**

SENIOR SCHOLARSHIP APPLICANTS

On an attached sheet(s) (maximum two pages) enclose your printed proposal for a research project that you will conduct during the scholarship period. The project must be conducted in a campus laboratory, and it should involve active collaboration with a faculty advisor and/or with graduate students in a laboratory. Your proposal should indicate when the research will be conducted (Summer, 2009, or during the 2009-2010 school year). See your school's Ohio Space Grant Campus Representative for more guidance on project requirements. **Include your name and Social Security number at the top of each page. Your signature and the printed name and signature of your project advisor must also be included on your proposal.**

I certify that all above information is correct.

Signature of Applicant _____ Date _____

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