

Ohio Space Grant Consortium

2017-2018 College of Education Scholarship Application

(Must be delivered by March 1, 2017, to your Campus Education Office Representative.)
Please TYPE/PRINT all information requested. Note that it 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: _____ E-MAIL ADDRESS: _____
Month/Day/Year

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

School Information:

- I am currently an Education student attending: _____
Name of University or College
- I am seeking Certification and Licensure in: _____ Grade Level(s) of Certification and Licensure:
(i.e., Science, Mathematics, or Other) (i.e., Early, Middle, Adolescent to Young Adult, or Multi-Age)
- I am currently a Sophomore Junior Senior Post-Baccalaureate
- Anticipated Graduation Date (Month/Year) _____
- 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.

- I am a U. S. Citizen YES NO (You must be a U. S. Citizen to be eligible for this award.)
- GENDER: Male Female
- ETHNICITY: Hispanic or Latino Non-Hispanic or not Latino
- RACE:
 American Indian or Alaska Native Black or African American Native Hawaiian or Other Pacific Islander White Asian Some Other Race
- I am a person with a disability. (A disability that limits a major life activity)
- 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

Ohio Space Grant Consortium

COLLEGE OF EDUCATION SCHOLARSHIP APPLICANTS

Please state below a personal objective statement discussing your educational and career goals. As part of the scholarship requirement, your statement should also briefly discuss your plans for an educational project or activity incorporating technical material into a K-12 lesson, series of lessons, or activity highlighting the significant collections of available NASA educational materials. See your College of Education or Ohio Space Grant Campus Representative for more guidance on project/activity requirements.

Signature of Applicant _____ Date _____

Certification:

I certify that I am a citizen of the United States and am a full-time student 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 educational and career goals and planned education project)
2. 1 Letter of Recommendation
3. Transcript(s)

Education Scholarship awards are contingent on appropriate funding from NASA.