

Ohio Space Grant Consortium

**CC-STARS! (Community College – STEM Training and Retention of Students!)
2016-2017 Scholarship Application Form**

(Must be delivered to your Campus Representative by Friday, September 30, 2016.
Refer to the brochure for addresses of Campus Representatives.)
Please TYPE/PRINT in all information requested.

Student Information:

NAME: _____
(Last) (First) (Middle)

ADDRESS _____
Street Address

City State ZIP Code

HOME PHONE: () CELL PHONE: ()

EMAIL - SCHOOL: EMAIL - PERSONAL:

CONGRESSIONAL DISTRICT:* DATE OF BIRTH: _____
Month/Day/Year

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

School Information:

1. I am currently a student at: _____
Name of Community College
majoring in: _____
Discipline

2. My current Grade Point Average is: _____ out of a maximum of: _____ scale.

3. Anticipated Graduation Date _____

4. Will this be your terminal degree, or do you plan to go on further study/training? Enter the world of work?

Terminal Degree Further study/training planned (please describe your plans below.)

5. Are you employed? Yes* No *If Yes, how many hours per week? _____

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.

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

7. GENDER: Male Female

8. ETHNICITY: Hispanic or Latino Not-Hispanic or not Latino

9. RACE:

American Indian or Alaskan Native Black or African American Native Hawaiian or Other Pacific Islander White Asian Some Other Race

Applicant's Name _____

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

Continued on Next Page . . .

Faculty Advisor _____ Title _____

Department/Division _____

Complete Address _____

Telephone () _____ Fax () _____ Email Address _____

Personal Objective Statement (Discuss educational and career goals):

Please provide a short summary (no longer than the space provided below) of the specific objectives of your college study, future academic, and/or work plans.

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 community college 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. 1 Letter of Recommendation
4. Transcript(s) (unauthorized grade reports are acceptable if authenticated by the Campus Representative)

*Part-time students (6-9 semester hours) demonstrating academic merit are also eligible for the award.