

Ohio Space Grant Consortium

2017-2018 COMMUNITY COLLEGE SCHOLARSHIP APPLICATION

(Must be delivered before October 31, 2017. Refer to the brochure for addresses of Campus Representatives.)
Please TYPE/PRINT all information requested.

Student Information:

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

MAILING ADDRESS _____
Street Address

City State ZIP Code

HOME PHONE: () CELL PHONE: ()

DATE OF BIRTH: _____ EMAIL 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:

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. Expected Completion Date _____

4. Will this be your terminal degree, or do you plan to go on further study/training?
 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 by NASA Headquarters.

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

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

11. I am a Military Veteran (a person who has served in any branch of the United States Armed Forces.)

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Applicant's Name _____

Faculty Advisor Information

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 Student _____ Date _____

Certification:

I certify that I am a citizen of the United States and am or will be 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 (including Personal Objective Statement)
2. 1 Letter of Recommendation
3. Transcript(s)

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

Community College Scholarship awards are contingent on appropriate funding from NASA.