

**Ohio Space Grant Consortium**

**2018-2019 COMMUNITY COLLEGE SCHOLARSHIP APPLICATION**

(Must be delivered before October 31, 2018. 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 \_\_\_\_\_

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**Faculty Advisor Information**

Faculty Advisor \_\_\_\_\_ Title \_\_\_\_\_

Department/Division \_\_\_\_\_

Complete Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_ Email Address \_\_\_\_\_

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**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.

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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) (unauthorized transcripts are acceptable if authenticated by the Campus Representative)

\*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.***