

Ohio Space Grant Consortium

2020-2021 EDUCATION SCHOLARSHIP APPLICATION

(Must be delivered by March 1, 2020, to your Campus Representative (Refer to Program Announcement for listing.) Please TYPE/PRINT all information requested. All information will be kept strictly confidential and not shared.

I. Student Information

Ohio Space Grant Education 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 by NASA Headquarters for statistical record keeping.

NAME: (Last) (First) (Middle)

YOUR HOME (PERMANENT) ADDRESS: YOUR SCHOOL ADDRESS: (Complete only if you reside on campus.)

HOME PHONE: () CELL PHONE: ()

SCHOOL EMAIL: OTHER EMAIL:

DATE OF BIRTH: Month / Day / Year COUNTRY OF BIRTH:

GENDER: Mal e Female

ETHNICITY: Hispanic or Latino Not-Hispanic or not Latino

RACE (Select all that apply):

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

I am a person with a disability (that limits a major life activity). If yes, please list:

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

I am a U. S. Citizen (You must be a U. S. Citizen to be eligible for this award.)

List Ohio Congressional District (#1 - 16) - OHIO RESIDENTS ONLY!

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

II. School Information

I am an Education student attending: Name of University or College

I am seeking Certification and Licensure in: Science Mathematics Other

If other, please list:

Grade Level: Early Childhood Middle Childhood Adolescent to Young Adult (AYA) Multi-Age

I am currently a: Sophomore Junior Senior Post-Baccalaureate

Anticipated Graduation Date:

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

Month _____ Year _____
Ohio Space Grant Consortium

Applicant Name _____

III. Personal Objective Statement (Discuss your educational and career goals in the following space):

IV. Proposed Education Project (The education project or activity will incorporate NASA materials into a K-12 lesson, series of lessons, or activity highlighting the significant collections of available resources and materials. Note that the project must align with one of the 4 NASA Mission Directorates listed below **(it is likely that your project will align with the Science Mission Directorate)**. See your College of Education or Ohio Space Grant Campus Representative for more guidance on project/activity requirements.)

NASA Mission Directorate Alignment (select all that apply):

[Aeronautics Research Mission Directorate](#)

- Advanced Air Vehicles
- Airspace Operations and Safety
- Integrated Aviation Systems
- Transformative Aeronautics Concepts

[Human Exploration & Operations Mission Directorate](#)

- Human Research
- Space Life Science
- Physical Science Research
- Engineering Research

[Science Mission Directorate](#)

- Astrophysics
- Earth Science
- Heliophysics
- Planetary Science

[Space Technology Mission Directorate](#)

- Transformative Crosscutting Technologies
- Technology Research & Development Challenges

Ohio Space Grant Consortium

Applicant Name _____

Project Title: _____

Brief Education Project or Activity Description (must be approved by Advisor):

Signature of Advisor _____

Date _____

V. Resume (Attach a copy of your resume).

VI. Transcripts (Attach a copy of your Unofficial transcripts).

VII. Certification (By signing this application, I certify that I am a citizen of the United States and am a full-time student (enrolled for 12 semester hours) during the period covered as stated in the Application. If selected, I will comply with all reporting and other administrative requirements of the award. I certify that all information contained in the Application package is accurate, and that I meet all of the eligibility requirements.

Signature of Applicant _____

Date _____

Education Representative _____

Date _____

VIII. Checklist (A complete application package includes the following):

1. Completed Application form.
2. Title and brief description of Education Project or Activity – Signature approval by Advisor required.
3. Attach copy of resume.
4. Attach copy of Unofficial Transcripts.
5. Certification – Both Student Signature and Education Representative Signature required.

Education Scholarship awards are contingent on appropriate funding from NASA.

A complete application package must be submitted to the Campus Representative by **March 1**.