## Ohio Space Grant Consortium

**2026-2027 SCHOLARSHIP APPLICATION**

**(Must be *delivered* by March 1, 2026, 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 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: |  | COUNTRY OF BIRTH: |  |

Month / Day / Year

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

|  |  |
| --- | --- |
|  | List Ohio Congressional District (#1 – 15) – **OHIO RESIDENTS ONLY!** |

To locate your Congressional District, refer to: [http://www.house.gov/](http://www.house.gov/%20) and enter your ZIP Code using your Home Address.

**II. School Information**

|  |  |  |
| --- | --- | --- |
| I am currently an undergraduate student at: | |  |
|  |  | Name of University or College |
|  | majoring in: |  |
|  |  | Discipline |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| In Fall 2026, I will be classified as a: |  | Junior |  | Senior |

|  |  |  |  |
| --- | --- | --- | --- |
| Anticipated Graduation Date: |  |  |  |

Month Year

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

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|  |  |  |
| --- | --- | --- |
|  |  | |
|  | **Applicant Name** |  |
|  |  | |

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

**IV. Proposed Research Project** (must align with one of the 5 NASA Mission Directorates listed below):

**NASA Mission Directorate Alignment (select all that apply):**

|  |  |
| --- | --- |
| [Aeronautics Research Mission Directorate](http://www.aeronautics.nasa.gov)  Advanced Air Vehicles  Airspace Operations and Safety  Integrated Aviation Systems  Transformative Aeronautics Concepts  [Science Mission Directorate](http://nasascience.nasa.gov)  Astrophysics  Earth Science  Heliophysics  Planetary Science  [Space Technology Mission Directorate](http://www.nasa.gov/directorates/spacetech/about_us/index.html)  Transformative Crosscutting Technologies  Technology Research & Development Challenges | [Exploration Systems Development Mission Directorate](https://www.nasa.gov/exploration-systems-development-mission-directorate/)  ☐ Space Launch System (SLS)  ☐ Exploration Ground Systems  ☐ Extravehicular Activity & Human Surface Mobility  ☐ Humans in Space  [Space Operations Mission Directorate](https://www.nasa.gov/directorates/space-operations/)  ☐ Commercial Low Earth Orbit  ☐ International Space Station  ☐ Rocket Propulsion  ☐ Space Communications and Navigation |
|  |  |

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|  |  |  |
| --- | --- | --- |
|  |  | |
|  | **Applicant Name** |  |
|  |  | |

|  |  |
| --- | --- |
| **Project Title:** |  |

**Brief Project Description (must be approved by Advisor):**

|  |  |  |  |
| --- | --- | --- | --- |
| Advisor Signature |  | Date |  |

|  |  |
| --- | --- |
| Advisor Printed Name |  |

**V. Letter of Recommendation** (Include one Letter of Recommendation required).

**VI. Resume** (Include Resume).

**VII. Transcripts** (Include a copy of your Unofficial transcripts).

**VIII. 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.

|  |  |  |  |
| --- | --- | --- | --- |
| Applicant Signature |  | Date |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Campus Representative  Signature |  | Date |  |

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

1. Completed Application form.
2. Title and brief description of proposed research project (must align with one of the 5 NASA Mission Directorates and signature approval by Advisor required).
3. Attached Letter of Recommendation.
4. Attached Resume.
5. Attached copy of Unofficial Transcripts.
6. Certification – Both Applicant Signature and Campus Representative Signature required.

***Scholarship awards are contingent on appropriate funding from NASA.***

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