



University of Hartford, Lead Institution
200 Bloomfield Avenue, West Hartford, CT 06117



Project Grant Cover Sheet

The information provided in this form will be used to help the CT Space Grant Advisory Board's Selection Committee in their awarding selection review process.

Completed Student On-Line Application will consist of:

- **Basic Biographical/Contact Information** – Typed directly into the on-line application within the Applicant Registration section.
- **Abstract** - Typed directly into the online application in the appropriate space. Must include a paragraph on relevance to aerospace research and/or one of NASA's strategic enterprises.
- **Narrative & Budget Justification** Uploaded as an attachment within the on-line application. 3 double-spaced pages maximum – additional pages will not be reviewed.
- **Resume/Curriculum Vitae** Uploaded as an attachment within the on-line application system. 1 page maximum (For team/group projects, please include a resume for each member, and then upload into the application.)
- **One Letter of Recommendation** Uploaded as an attachment within the on-line application system. Must be from the project's faculty advisor. Applicants may submit additional letters of support.
- **Student Transcript** - Uploaded as an electronic file within the on-line application. (*Official is preferred; however, unofficial is acceptable if availability at the time of submission is a problem.*)
- **Diversity Information Data Sheet** - Typed directly into the on-line application within the Applicant Registration section. Note: this information is used separately for blind reporting to NASA. For team/group projects: Please attach a diversity information data sheet for each team member, then attach as addendums to the project narrative before uploading into the application system.
- **Proof of U.S. Citizenship** to qualify for Space Grant Fellowship Money

Please complete the following questionnaire and upload it along with your completed on-line application, resume, transcript, and letters of recommendation.

Type or Print

Name: <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs.	
School:	
Telephone:	
Email:	
Previous Space Grant Awards (please list all):	
Citizenship: <input type="checkbox"/> US Citizen <input type="checkbox"/> Naturalized Citizen <input type="checkbox"/> Foreign Student	
Year: <input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior	

Please answer the following:

Title of Project: _____

Budget Requested: _____

Academic Advisor: _____

Planned Project Work Period: Summer 2010 / Spring 2009 / Fall 2010

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- Why are you interested in this project?

 - Why should you be selected?

 - Describe how your long-term professional interests/experience will be enhanced by this project work.

I _____ allow the CT Space Grant Consortium to post this application on their secured web page. This site will be accessible only to the Consortium Office and their Industrial Affiliates.

Signature

Date

This application is for a group project. The following students are part of this group and if funded will participate in the project work along with the individual identified above as the PI on this grant: (Please upload a separate **Diversity Information Data Sheet** for each member of the team.

Name	School: Major: Degree Expected: Expected Graduation Date:	Address: Phone: Email:
Name	School: Major: Degree Expected: Expected Graduation Date:	Address: Phone: Email:
Name	School: Major: Degree Expected: Expected Graduation Date:	Address: Phone: Email: