



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



Graduate Fellowship 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.

1. **Basic Biographical/Contact Information** – Typed directly into the on-line application within the Applicant Registration section.
2. **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.
3. **Narrative** – Uploaded as an attachment within the on-line application system. 5 double-spaced pages maximum – additional pages will not be reviewed.
4. **Resume/Curriculum Vitae** – Uploaded as an attachment within the on-line application system. 1 page maximum
5. **Two Letters of Recommendation** - Uploaded as attachments within the on-line application system. 1 must be from a research advisor.
6. **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.*)
7. **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.

Please complete the following questionnaire and upload it along with your completed on-line application, resume, proposal narrative, 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 (<i>please list all</i>): | |
| 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 Research: _____

Academic Advisor: _____

Planned Research Period: Summer 2010 / Spring 2009 / Fall 2010

- Why are you interested in this research?

- Why should you be selected?

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

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