## Ohio Space Grant Consortium

**2024-2025 MASTER’S FELLOWSHIP APPLICATION**

**Must be *delivered* by February 1, 2024, 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 fellowships 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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| GENDER: |  | Male |  |  | Female |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ETHNICITY: |  | Hispanic or Latino |  |  | Not-Hispanic or not Latino |

|  |
| --- |
| RACE (Select all that apply): |

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

|  |  |  |
| --- | --- | --- |
|  | 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/](http://www.house.gov/%20) and enter your ZIP Code using your Home Address.

**II. School Information**  **I am applying for:** Federal Funding State Funding **(You may select both)**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Date B.S. completed: |  | / |  |  |  |  |  |

Month Year University Department

|  |  |
| --- | --- |
| I have applied for admission/have been admitted to: |  |
|  | University |
| to obtain a graduate degree in: |  |
|  | Discipline/Department |
| I am in my: First Year of my MS Program | Second Year of my MS Program |
| Anticipated Graduation Date: |  |
|  | Month Year |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Undergraduate GPA: |  | out of |  | Scale. | Graduate GPA: |  | out of |  | Scale. |

## Ohio Space Grant Consortium

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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 4 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 | [Human Exploration & Operations Mission Directorate](http://www.nasa.gov/directorates/heo/home/index.html)  Human Research  Space Life Science  Physical Science Research  Engineering Research |
| [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 |

## Ohio Space Grant Consortium

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|  |  | |
|  | **Applicant Name** |  |
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|  |  |
| --- | --- |
| **Project Title:** |  |

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

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

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

**V. Research Program Proposal** (Outlines goals and objectives of your proposed research program and timeline (maximum of 2 pages and must align with one of the 4 NASA Mission Directorates).

**VI. Letters of Recommendation)** (Include 2 Letters of Recommendation).

**VII. Resume** (Include all scholarships, honorary societies, awards, engineering or scientific student leadership roles, and any other relevant recognition that you have received since entering college whether academic, non-academic or extracurricular. Include any fellowship that you hold at the time of submission of this application (note you are not eligible for this award if you currently hold another Federal fellowship). The resume should also include any research projects that you have worked on, research publications on which you are author or co-author, and presentations).

**VIII. Listing of Publications and Presentations** (Provide a listing of any previous research publications and presentations related to your research for which you are an author or co-author. Provide separate subheadings for publications and presentations. Presentations include abstracts, oral presentations, or posters presented at meetings).

**IX. Transcripts** (Include a copy of your Unofficial transcripts – both undergraduate and previous graduate work).

## Ohio Space Grant Consortium

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|  | **Applicant Name** |  |
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**X. Certification** (By signing this application, I certify that I am a citizen of the United States and am a full-time student at the Ohio university indicated 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 |  |

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

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

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

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