

CMIS Space Grant Fellowship/Scholarship Form

February 1, 2005 – January 31, 2006

Be sure each student working on this program fills out an Applicant Awardee Form

University : _____

PROJECT NAME: _____

Contact Person Name: _____

() _____ () _____
Phone Number **Alternate Number** **email address**

ADDRESS
Street _____

City _____ State CA Zip Code _____

Choose one level for project:	Undergraduate	Graduate
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List of Sponsors:

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Project Status: Circle ONE	Developing	Newly Implemented	Continuing	Ending
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Are recruitment and retention strategies with respect to underrepresented minority groups in place? If so, briefly state:

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Briefly state selection procedures:

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Briefly state award criteria:

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Describe the use of role models, mentors, and other services for underrepresented minority students:

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Are the awards competitive?

Yes	No
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[Describe Awards:](#)

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Are evaluation mechanisms in place?

Yes	No
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Describe Evaluation Methodology:

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Activity and Audience Information

Purpose(s) for the fellowship/Scholarship award (mark all that apply):

<input type="checkbox"/>	Target underrepresented groups	<input type="checkbox"/>	Reward excellence
<input type="checkbox"/>	Attract student to science/engineering	<input type="checkbox"/>	Attract student to research
<input type="checkbox"/>	Attract student to design	<input type="checkbox"/>	Attract student to teaching
<input type="checkbox"/>	Support interdisciplinary	<input type="checkbox"/>	Critical economic need
<input type="checkbox"/>	Retain or encourage students with interests in science/engineering	<input type="checkbox"/>	Retain students interested in research, design, and teaching
<input type="checkbox"/>	Other. Please Specify:		

Expected fellowship/scholarship activities (mark all that apply):

<input type="checkbox"/>	Research	<input type="checkbox"/>	Teaching
<input type="checkbox"/>	Independent Study	<input type="checkbox"/>	Design Project
<input type="checkbox"/>	Internship with Industry/Government	<input type="checkbox"/>	Travel
<input type="checkbox"/>	Social Service Mentoring (K-12 or college students)	<input type="checkbox"/>	Social Service. Please Specify:

Other Fellowship/Scholarship Activities. Please Specify:

Funding and Collaboration Information

Actual Sources of Funding (include cash or non cash). Enter number only:

	CASH (\$)	Non Cash (\$)	TOTAL (\$)
NASA Space Grant			
Other Federal			
Carry over			
Industry			
Lead Institution			
Non Profit Organization			
Academic Affiliates			
State/Local Government			
Participants			
Other			
Totals			
Total to Awardees			
Balance/Difference HAS TO BALANCE OUT TO ZERO			

Please provide reason if no funding sources listed

Collaborative efforts (mark all that apply)

<input type="checkbox"/>	In Same Department	<input type="checkbox"/>	Other Institution of higher Education
<input type="checkbox"/>	Other Department in same Institution	<input type="checkbox"/>	K-12 Institution(s)
<input type="checkbox"/>	Community College	<input type="checkbox"/>	Industry. Please Specify:
<input type="checkbox"/>	Education Resource Centers	<input type="checkbox"/>	Non-Profit Organization
<input type="checkbox"/>	NASA Installations. Please Specify:	<input type="checkbox"/>	Other Collaboration(s). Please Specify:
<input type="checkbox"/>	Other Federal Government Agencies. Please Specify:	<input type="checkbox"/>	Other Space Grant Program(s). Please Specify:
<input type="checkbox"/>	Organization(s) Representing Women, Underrepresented Minorities, or Persons with Disabilities		

Overall Comments:

