CCSNH/NASA SPACE GRANT Scholarships

Inspiring Future Engineers and Scientists

For Students Pursuing STEM* Careers

Fall 2015
Scholarship Application
Scholarship Amount $1,500

*SCIENCE, TECHNOLOGY, ENGINEERING, AND MATHEMATICS

DEADLINE FOR Fall 2015:
August 18, 2015

Mail or Deliver Application Package to:
CCSNH/NASA Space Grant Scholarship
Community Colleges of NH Foundation
26 College Drive
Concord, NH 03301
Or scan and e-mail to: CCSNHFoundation@ccsnh.edu
The Scholarship Program

Twenty-five $1,500 CCSNH/NASA Space Grant scholarships will be awarded during the 2015-2016 academic year to full or part-time students who are enrolled in associate degree or certificate STEM programs of interest to NASA.

NASA values diversity and strongly encourages underrepresented and nontraditional students to apply for these scholarships, including women, minorities, and persons with disabilities. Applicants should show a past and ongoing interest in pursuing a STEM career. Applicants must be a United States citizen.

The following are some of the STEM programs that qualify for the NASA Space Grant scholarship:

To apply for the scholarship, please submit:

1. The CCSNH/NASA Space Grant Scholarship Application enclosed with this packet;
2. The Agreement Page;
3. A brief cover letter describing why you believe you deserve this scholarship;
4. The recommendation form (included below), preferably signed by a high school teacher or college faculty;
5. Recent College and/or High School transcripts (if out of High School more than 15 years, transcripts are not necessary);
6. (Optional) e-mail a photo (headshot) – please note if you are awarded a scholarship, this will be used for promotion of the scholarship program.
   e-mail to: CCSNHFoundation@ccsnh.edu.

Questions may be directed to CCSNHFoundation@ccsnh.edu or (603) 230-3560

Incomplete applications will not be considered
CCSNH/NASA SPACE GRANT SCHOLARSHIP APPLICATION

REQUIRED INFORMATION

<table>
<thead>
<tr>
<th>First Name</th>
<th>Middle Initial</th>
<th>Last Name</th>
<th>Date of Birth</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Street</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
<th>Non CCSNH E-Mail</th>
</tr>
</thead>
</table>

Permanent Residence (if different from above)  Phone Number(s)

Last four digits Social Security Number  Gender  □ M  □ F

Are you a U.S. Citizen:  □ Yes  □ No

College Campus  
- □ White Mountaints  
- □ River Valley  
- □ NHTI, Concord  
- □ Lakes Region  
- □ Manchester CC  
- □ Nashua CC  
- □ Great Bay  
First Year or Second Year Student?  ____

Anticipated Year of graduation:  ____

How Many Credits Are You Currently Taking?  ____  How Many Credits Have You Taken At This College In The Past?  ____

<table>
<thead>
<tr>
<th>Declared Program of Study</th>
<th>Do you plan to pursue a bachelor’s degree?</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>□ Yes  If so, where:  □ No</td>
</tr>
</tbody>
</table>

For NASA Reporting Purposes Please Complete The Following:  
(This will not affect whether or not you receive a scholarship)

**Race:**  
- □ American Indian or Alaska Native  
- □ Black or African American  
- □ Asian  
- □ White  
- □ Native Hawaiian/Pacific Islander  
- □ Some Other Race  
- □ Do not wish to provide

**Ethnicity:**  
- □ Hispanic or Latino  
- □ Non-Hispanic or Not-Latino  
- □ Do Not wish to report

**Disability:**  
- □ Hearing Impairment  
- □ Visual Impairment  
- □ Mobility/Orthopedic Impairment  
- □ Mental Impairment  
- □ Do not wish to provide  
- □ None  
- □ Other (specify)  ____

Served in the military:  □ Yes  □ No

Have you received this scholarship in the past?  □ Yes  □ No

How did you hear about this scholarship?

APPLICANT’S EDUCATION INFORMATION  --  REQUIRED

<table>
<thead>
<tr>
<th>High School Name and Address</th>
<th>High School Graduation Date</th>
</tr>
</thead>
</table>

Any other Colleges attended or courses taken (please list):  Intended Career:  

Are your transcripts enclosed?  

□ Yes  □ No, Reason:  ____
CCSNH/NASA Space Grant Scholarship Agreement Page – send in with Application

A survey may be sent by NASA or NH Space Grant to the recipients of the scholarship awards for several years after leaving the college so that NASA can track this program’s effectiveness in accomplishing the goal of engaging students in STEM careers.

This Agreement Page **IS required**; please check off each item and send this page with the application.

☐ “If I am awarded a NASA Space Grant Scholarship, I agree to respond to future surveys from NASA and/or the NH Space Grant Consortium about my career choice after college.”

☐ “I certify that the information in this application package is true and complete to the best of my knowledge.”

☐ “I agree that the information provided in this application may be shared by NASA with a national database that is used for the purpose of tracking the effectiveness of this program.

☐ “This Agreement Page authorizes the Community Colleges of New Hampshire Foundation to obtain information regarding my financial aid package for the purpose of determining scholarship eligibility.”

Signature of Applicant _______________________________ Date __________

Printed Name of Applicant __________________________________________

Non-CCSNH e-mail Address __________________________________________
CCSNH/NASA SPACE GRANT SCHOLARSHIP APPLICATION
Recommendation Form

Student Name: _____________________________________________________________

About the CCSNH/NASA SPACE GRANT Scholarship
This student is applying to the Community Colleges of NH Foundation for a $1,500 CCSNH/NASA SPACE GRANT scholarship. To be eligible for an award, the applicant must be attending one of the seven Community Colleges in the System either full-time or part-time, must be enrolled in a STEM (Science, Technology, Engineering, and Math) program, and must have demonstrated an interest in pursuing further education or a career in a field of interest to NASA.

By signing this form, you agree that this student is a worthy candidate for this scholarship.

YOUR CONTACT INFORMATION (please print)

Your Full Name:

Relationship to student: □ Teacher □ College Faculty □ Volunteer Leader □ Other, please describe:

Name and Address of business, school, or college:

Daytime Phone (          ):                                                E-mail address:

Foundation staff may call you to verify this form.

Signature ____________________________ Date __________________________

(Optional) Comments:

Form should be returned to the scholarship applicant who should submit it with the application packet.