



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



## Travel 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. Please provide a description and rationale for the travel and how you will fund the travel if you do not receive full Space Grant funding for the total cost of the trip (ex. If the total trip will cost \$1,500, how will you fund the remaining \$500 after the space grant award of \$1,000?)
- **Invitation & Budget Justification** – Upload copy of any letter or conference paper acceptance notice (copy of email or WEB page of program acceptable) along with a prospective budget of estimated costs for the trip. – Please scan any supportive materials and then upload all of these as a single file.
- **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 a faculty member familiar with the travel purpose. 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** is Required Before Receipt of all Space Grant Funds

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:

Travel Destination: \_\_\_\_\_

Budget Requested: \_\_\_\_\_

Academic Advisor: \_\_\_\_\_

Phone: \_\_\_\_\_

Dates of Planned Travel: \_\_\_\_\_

- 
- Why are you interested in this travel?
  
  - Why should you be selected?
  
  - Describe how your long-term professional interests/experience will be enhanced by this trip.

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's travel. The following students are part of this group and if funded will accompany 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: