## Ohio Space Grant Consortium

**2025-2026 EDUCATION SCHOLARSHIP APPLICATION**

**(Must be *delivered* by March 1, 2025 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 Education scholarships 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 an Education student attending: |  |
|  | Name of University or College |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| I am seeking Certification and Licensure in: |  | Science |  | Mathematics |  | Other |

If other, please list: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Grade Level: |  | Early Childhood |  | Middle Childhood |  | Adolescent to Young Adult (AYA) |  | Multi-Age |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| I am currently a: |  | Sophomore |  | Junior |  | Senior |  | Post-Baccalaureate |

|  |  |  |  |
| --- | --- | --- | --- |
| Anticipated Graduation Date: |  |  |  |

Month Year

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| My current Grade Point Average is: |  | out of a maximum of: |  | scale. |

## Ohio Space Grant Consortium

|  |  |  |
| --- | --- | --- |
|  |  | |
|  | **Applicant Name** |  |
|  |  | |

**III. Personal Objective Statement** (Discuss your educational and career goals in the following space):

**IV. Proposed Education Project** (The education project or activity will incorporate NASA materials into a K-12 lesson, series of lessons, or activity highlighting the significant collections of available resources and materials. Note that the project must align with one of the 4 NASA Mission Directorates listed below **(it is likely that your project will align with the Science Mission Directorate)**. See your College of Education or Ohio Space Grant Campus Representative for more guidance on project/activity requirements.)

**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  [Science Mission Directorate](http://nasascience.nasa.gov)  Astrophysics  Earth Science  Heliophysics  Planetary Science  [Space Technology Mission Directorate](https://www.nasa.gov/space-technology-mission-directorate/)  Transformative Crosscutting Technologies  Technology Research & Development Challenges | [Exploration Systems Development Mission Directorate](https://www.nasa.gov/exploration-systems-development-mission-directorate/)  ☐ Space Launch System (SLS)  ☐ Exploration Ground Systems  ☐ Extravehicular Activity & Human Surface Mobility  ☐ Humans in Space  [Space Operations Mission Directorate](https://www.nasa.gov/directorates/space-operations/)  ☐ Commercial Low Earth Orbit  ☐ International Space Station  ☐ Rocket Propulsion Test Program  ☐ Space Communications and Navigation |
|  |  |

## Ohio Space Grant Consortium

|  |  |  |
| --- | --- | --- |
|  |  | |
|  | **Applicant Name** |  |
|  |  | |

|  |  |
| --- | --- |
| **Project Title:** |  |

**Brief Education Project or Activity Description (must be approved by Advisor):**

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

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

**V. Resume** (Include Resume).

**VI. Transcripts** (Include a copy of your Unofficial transcripts).

**VII. Certification** (By signing this application, I certify that I am a citizen of the United States and am a full-time student (enrolled for 12 semester hours) 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 |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Education Representative  Signature |  | Date |  |

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

1. Completed Application form.
2. Title and brief description of Education Project or Activity (must align with one of the 5 NASA Mission Directorates and signature approval by Advisor required).
3. Attached Resume.
4. Attached Copy of Unofficial Transcripts.
5. Certification – Both Applicant Signature and Education Representative Signature required.

***Education Scholarship awards are contingent on appropriate funding from NASA.***

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