

COMMUNITY COLLEGES
of
NEW HAMPSHIRE
Foundation

CCSNH/NASA SPACE GRANT Scholarships
Inspiring Future Engineers and Scientists

For Students Pursuing STEM* Careers

Spring 2018
Scholarship Application
Scholarship Amount \$1,500

***SCIENCE, TECHNOLOGY, ENGINEERING, AND MATHEMATICS**

**DEADLINE FOR Spring 2018:
December 22, 2017**

New Hampshire Space Grant Consortium



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

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The Scholarship Program

Up to thirty \$1,500 CCSNH/NASA Space Grant scholarships will be awarded during the 2017-2018 (Fall and Spring) academic year to full or part-time students who are enrolled in associate degree or certificate STEM programs of interest to NASA. **Qualified student may apply for both semesters.**

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 United States citizens.**

Following are just a few of the STEM programs that qualify for the NASA Space Grant scholarship:

Aviation Technology, Biology, Chemistry, Earth Science, Engineering, Engineering Science, Energy Services Technology, Geographic Information Systems, Math or Science Teacher Education, Mathematics, Mechanical Engineering Technology, Mobile Equipment Technology.

To apply for the scholarship, please submit:

1. The CCSNH/NASA Space Grant Scholarship Application;
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, who may be contacted by NASA;
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

PLEASE PRINT

First Name	Middle Initial	Last Name	Date of Birth
Street	City	State	Zip Code <u>Non CCSNH</u> E-Mail
Permanent Residence (if different from above)		Phone Number(s)	
Gender	<input type="checkbox"/> M	<input type="checkbox"/> F	
Are you a U.S. Citizen:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
College Campus	<input type="checkbox"/> White Mountains	<input type="checkbox"/> River Valley	<input type="checkbox"/> NHTI, Concord
	<input type="checkbox"/> Lakes Region	<input type="checkbox"/> Manchester CC	
	<input type="checkbox"/> Nashua CC	<input type="checkbox"/> 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? _____			
Declared Program of Study		Do you plan to pursue a bachelor's degree?	
		<input type="checkbox"/> Yes If so, where: <input type="checkbox"/> No	
For NASA Reporting Purposes Please Complete The Following: (This will not affect whether or not you receive a scholarship)			
Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> White			
<input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Some Other Race <input type="checkbox"/> Do not wish to provide			
Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Not-Latino <input type="checkbox"/> Do Not wish to report			
Disability <input type="checkbox"/> Hearing Impairment <input type="checkbox"/> Visual Impairment <input type="checkbox"/> Mobility/Orthopedic Impairment <input type="checkbox"/> Mental Impairment			
<input type="checkbox"/> Do not wish to provide <input type="checkbox"/> None <input type="checkbox"/> Other (specify) _____			
Served in the military: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you received this scholarship in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No			

APPLICANT'S EDUCATION INFORMATION -- REQUIRED

High School Name and Address	High School Graduation Date
Any other Colleges attended or courses taken (please list):	Intended Career:
Are your transcripts enclosed?	
<input type="checkbox"/> Yes <input type="checkbox"/> 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

Advisor/Mentor 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.

Mentor/Advisor CONTACT INFORMATION (please print)

Full Name :	
Relationship to student: <input type="checkbox"/> Teacher <input type="checkbox"/> College Faculty <input type="checkbox"/> Volunteer Leader <input type="checkbox"/> 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.