Undergraduate Fellowship Application

Submit a New Proposal
NOTE: The application deadline is 11/13/2019 at 5:00pm EST.
Please review the Undergraduate Fellowship guidelines.

Personal Information

First Name
Middle Name
Last Name
E-mail
Alternate E-mail
Phone
Cell Phone

Current Address
Address Line 1
Address Line 2
City
State
Zip

Permanent Address
Address Line 1
Address Line 2
City
State
Zip
Birthdate

Verification of U.S. Citizenship
I am a citizen of the United States of America (If awarded a fellowship, documentation supporting this will be requested.)

Educational Information

University
What MSCC Affiliate University will you be attending in the Fall?
select university
School and/or Department
Major
Minor
Degree Sought
select degree
Expected Date of Graduation
Current Standing

Educational History
List the universities that you have attended beginning with the institution you are currently attending. Other than your current institution, only list universities where you have received a degree or earned more than 10 credit hours. Submitted transcripts may be unofficial. If you do not have a PDF conversion tool you can use one of these free on-line PDF converters PDF Online - iNnova Technology

To ensure that your transcripts may be properly included in your application file, please ensure that they are not protected via encryption, a password, a signed certificate or in any other manner.
### Fellowship Information

- **New or Continuation**: This is a new proposal  
  This proposal is for continuation of an effort funded last year and includes a progress report

- **Progress Report**
  - Choose file: no file selected
  - PDF format only

- **Span of Effort**
  - Summer: May 2020 - August 2020
  - Academic Year: September 2020 - April 2021
  - Both: May 2020 - April 2021

- **Fellowship Category**: select category
- **Fellowship Focus**: select focus
- **Other Focus**: If Other, please specify

#### MSGC Budget

- Personnel (including stipends)
- Fringe Benefits
- Supplies And Services
- Domestic Travel
- Other Direct Costs

**Total: $0.00**

- **Augmentation**
  - If you are an underrepresented minority and you are applying to the Regular Fellowship Grant, and your mentor is requesting $500 in funding augmentation, please check the following box.
  - My mentor is requesting $500 in funding augmentation.

### Application PDF

- **Upload File**
  - Refer to the Application Requirements section in the MSGC website for complete instructions regarding the content of this PDF.
  - Choose file: no file selected
  - PDF format only

### References

#### Mentor (and Reference #1)

- First Name
- Middle Name (Enter N/A for no middle name)
- Last Name
- E-mail
- Title
- Institution
- School and/or Department

#### Reference #2

(OPTIONAL - if no 2nd reference, leave all fields blank to avoid error)

- First Name
- Middle Name (Enter N/A for no middle name)
- Last Name
- E-mail
- Title
- Institution
- School and/or Department
Once you have submitted your application, both of these individuals will receive an e-mail requesting letters of reference. Your application will not be complete until this information has been received. Please inform both of these individuals that they will receive an e-mail request from your submitted e-mail address for this information on your behalf. The deadline date for submission of reference letters is Wednesday, November 27, 2019 at 5:00 p.m.

**Fellowship Project**

**Project Title**

**Abstract**

100 words or less

☐ My faculty advisor has read and approved this research statement and has agreed to supervise me while I conduct this research.

**Other Information**

**Compliance Requirements**

Does this research activity require the involvement of any regulatory, and/or statutory programs in order to meet compliance standards? This would include, among others, research involving animal care and use, controlled substances, human subjects, export controls, stem cells, autonomous systems, and biosecurity concerns. Students applying for fellowships – please work with your mentor on determining the answer.

☐ Yes

☐ No

**Compliance Issues**

If yes, please state the type of research from the above list.

**Gender**

☐ Male

☐ Female

**Ethnicity**

☐ White

☑ African American

☐ Hispanic/Latino

☐ Native American

☐ Pacific Islander (U.S. Region)

☐ Native Hawaiian, Guamanian, American Samoan, etc.

☐ Other Non-White

**Disability**

☐ Yes

☐ No

**Veteran**

☐ Yes

☐ No

**Verification**

☐ I authorize MSGC to disclose the personally identifiable information I supplied in this application to NASA and to MSGC program evaluator/s, knowing that NASA requires MSGC to report this information and evaluate its programs.

☐ I certify that all of the information contained in this application is complete and correct and that I meet all of the eligibility requirements stated in this application. The MSGC representative at my institution has received a copy of my proposal.