

Arkansas Space Grant Consortium

University of Arkansas at Little Rock

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Collaborative Research Program Application

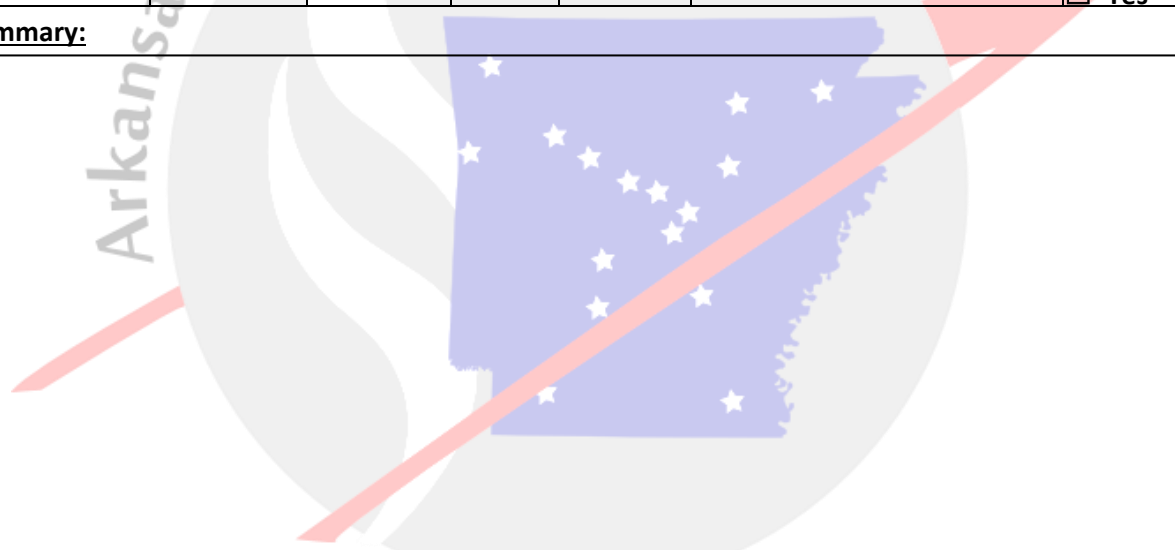
Renewal

(please type)

Project Title: _____ Date: _____

Lead Institution:		Street/Box No:		City/State:		Zip:
Faculty Names: (PI 1st)	Institution:	Title:	Department:	E-mail:	U.S. Citizen	
1.					<input type="checkbox"/> Yes	<input type="checkbox"/> No
2.					<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.					<input type="checkbox"/> Yes	<input type="checkbox"/> No
P.I. Name:		Telephone Number:		Fax Number:		Best Contact Time:
Student Names:	Institution:	Major:	GPA:	Class:	Email:	U.S. Citizen
1.						<input type="checkbox"/> Yes <input type="checkbox"/> No
2.						<input type="checkbox"/> Yes <input type="checkbox"/> No
3.						<input type="checkbox"/> Yes <input type="checkbox"/> No

Project Summary:



NASA Centers to be Visited:	
NASA Contact Information:	
Outreach Activities:	

Summary of Funds Requested: (Please attach detailed budget)	ASGC:	MATCH:	TOTAL:
1: Materials:	\$	\$	\$
2: Travel:	\$	\$	\$
3: Outreach Activities:	\$	\$	\$
4: Stipend:	\$	\$	\$
5: Tuition:	\$	\$	\$
6: Salary:	\$	\$	\$
7: Fringes:	\$	\$	\$
8: Other: _____	\$	\$	\$
Total should equal \$15,000 or less	Total:	\$	\$

