

# Arkansas Space Grant Consortium

University of Arkansas at Little Rock  
 2801 S. University, ETAS 329, Little Rock, AR 72204 Dr. Keith  
 Hudson, Director  
 Ms. Laura Holland, Finance Coordinator  
 Ms. Schyler Cannatella, Education and Outreach Coordinator

Phone: 501 569 8212

Fax: 501 569 8039

Email: [asgc@ualr.edu](mailto:asgc@ualr.edu)

Web: <http://asgc.ualr.edu>

## Research Infrastructure Application

(please type)

Project Title: \_\_\_\_\_ Date: \_\_\_\_\_

<b>Institution:</b>	<b>Street/Box No:</b>		<b>City/State:</b>		<b>Zip:</b>
<b>Names of Faculty Involved:</b>	<b>Title:</b>	<b>Department:</b>	<b>E-mail:</b>		<b>U.S. Citizen</b>
1:					<input type="checkbox"/> Yes <input type="checkbox"/> No
2:					<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Telephone No:</b>	<b>Fax No:</b>		<b>Best Time to Contact:</b>		
<b>Names of Students:</b>	<b>Major:</b>	<b>GPA:</b>	<b>Class:</b>	<b>Email:</b>	<b>U.S. Citizen</b>
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:

<b>NASA Centers to be Visited:</b>	
<b>NASA Contact Information:</b>	
<b>Outreach Activities:</b>	

### Summary of Funds Requested: (Please attach a detailed budget)

	ASGC:	Match:	Total:
1: Materials and Supplies:	\$	\$	\$
2: Travel:	\$	\$	\$
3: Outreach Activities:	\$	\$	\$
4: Stipend:	\$	\$	\$
5: Other: _____	\$	\$	\$
6: Other: _____	\$	\$	\$
<b>Total:</b>	\$	\$	\$

