

Arkansas Space Grant Consortium

University of Arkansas at Little Rock
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Student Grant Application

(please type)

Work Force Development

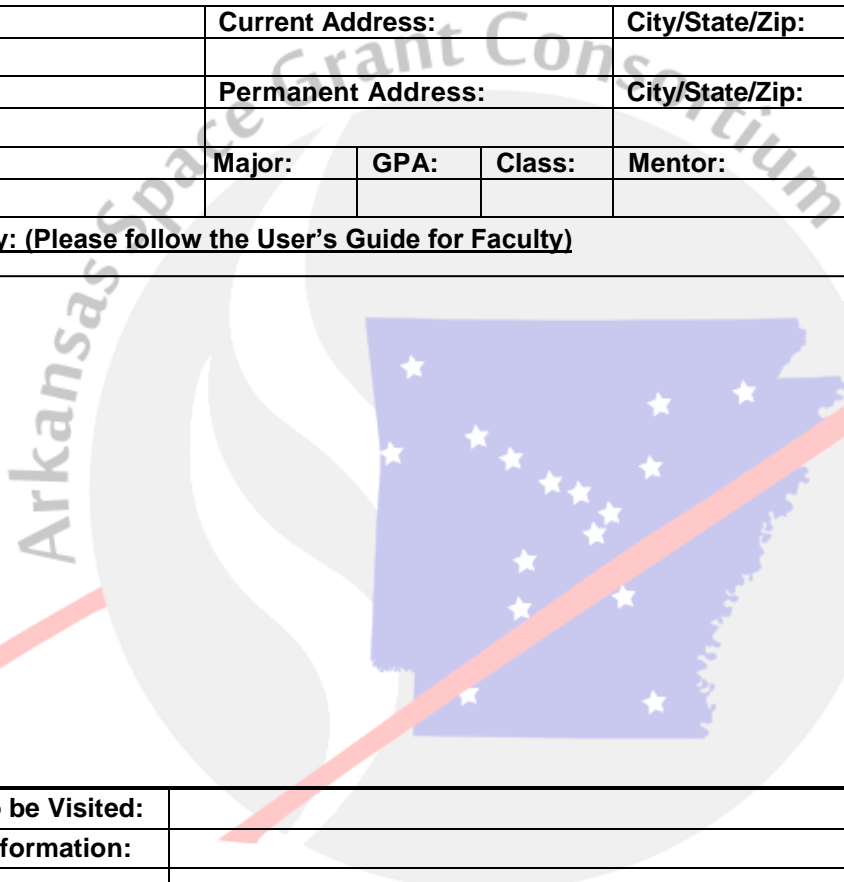
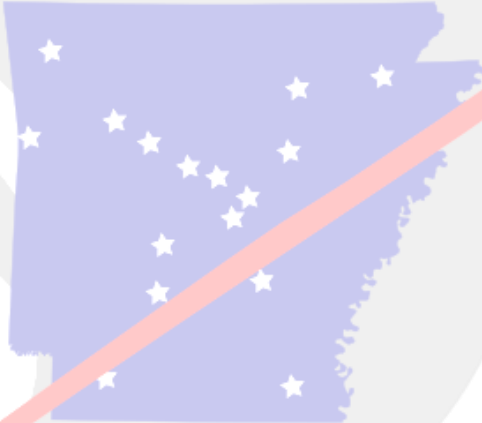
STEM/Minority

Student Scholarship/Fellowship

Project Title: _____ Date: _____

Name:	Current Address:	City/State/Zip:	U.S. Citizen:	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Telephone No:	Permanent Address:	City/State/Zip:	Email:	
School:	Major:	GPA:	Class:	Mentor:
				Mentor Email:

Project Summary: (Please follow the User's Guide for Faculty)

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

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: _____	\$	\$	\$
Total:	\$	\$	\$

