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| **APPLICATION FORM**  Mississippi Space Grant 2023-2024  Undergraduate Preservice Teaching Scholarship Application  Mississippi University for Women | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **I. Student Applicant Information** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | |
|  | | | Last | | | | | | | | | | | | | | | | | | | | | | | | First | | | | | | | | | | | | | | | Middle | | | | |
| Address (incl city, state, & zip) | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Telephone | | | | | |  | | | | | | | | | | | | |  | | MUW E-mail Address | | | | | | | | | | | | | |  | | | | | | | | | | | | |
| Major(s) | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | | Minor(s) | | | | | |  | | | | | | | | | |
| GPA |  | | | | | | | | | | | | | | | | |  | | | | | | | | | | Expected Graduation Date | | | | | | | | | | | | |  | | | | | |
| Birthdate | | | | |  | | | | | | | | | | | | | | | | |  | | | | | | MUW-ID | | | | | | | | |  | | | | | | | | | |
| Student status: | | | | | | | | Freshman | | | | | | | Sophomore | | | | | | | | | | Junior | | | | | | | | | | | | | | Senior | | | | | |
| Non-MUW Email address | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Demographics | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Race | | Native American | | | | | | | | Pacific Is. | | | | | | | | | | African American | | | | | | | | | | | | | Hispanic | | | | | | | Caucasian | | | | Other | | | | | |
| Gender: | | | | Male | | | | | | | | Female | | | | | | | | | | | | Non-binary | | | | | | | | | | | | Prefer not to say | | | | | | |
| Person with disability: | | | | | | | | | | | | | | | | Yes | | | | | | | No | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| Active or former military: | | | | | | | | | | | | | | | | Yes | | | | | | | No | | | | | | | |  | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| **II. Institution Information** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Faculty Sponsor | | | | | | | | |  | | | | | | | | | | | | | | | | | | | Title | | | | | |  | | | | | | | | | | | | | |
| Institution | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | Department | | | | | | | | |  | | | | | | | | | |
| Address | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Telephone | | | | | | |  | | | | | | |  | | | E-mail Address | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |

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| **III. Proposed Preservice Teaching Placement** | | | | | | |
| Approximate Starting Date: |  | | Expected Completion Date: |  | |
| Provide a short summary in the space below of the grades and subject matter you plan to teach as part of your preservice teaching internship. If possible, include the likely schools and locations where you will be placed. | | | | | | |
|  | | | | | | |
| **IV. Future goals** | | | | | | | |
| Briefly descry be your work goals. That is, where do you see yourself in 5 years’ time. | | | | | | |
|  | | | | |
| **V. Statement** | |  | | | |
| In 200 words or less, describe your current interest in pursuing a career in a STEM-related teaching position, and identify how this preservice teaching experience will have an impact on your ability to be an effective teacher of STEM-related material. | | | | | | | |
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| **VI. Certification** | | | | | | | | | |
| *I certify that I am a citizen of the United States and am or will be a full-time student at Mississippi University for Women. I will comply with scholarship reporting/presentation requirements. I agree to keep NASA and MUW informed about progress in my career and employment in the years that follow this award. I also certify that all information contained in this application is accurate.* | | | | | | | | | |
| Signature of Student |  | | Date | |  | | | |
| *You may type in your name in lieu of a signature.* | | | | | | | |
| *I certify that I will serve as the student’s advisor and will supervise his/her research.* | | | | | | | | | |
| Signature of MUW Faculty sponsor | |  | | Date | |  |
| **Please complete and return to Dr. Ross Whitwam (rewhitwam@muw.edu), 201B Parkinson Hall, MUW, by the deadline.** | | | | | | | | | |