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| **APPLICATION FORM**  Mississippi Space Grant 2021-2022  Undergraduate Research Internship Scholarship Application  Mississippi University for Women | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **I. Student Applicant Information** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name | | |  | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | | |
|  | | | Last | | | | | | | | | | | | | | | | | | | | | First | | | | | | | | | | | | | | | Middle | | | | | | | | | |
| Address | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Telephone | | | | | |  | | | | | | | | | | | | | | | | | |  | | | E-mail Address | | | | | | | |  | | | | | | | | | | | | | |
| Major(s) | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |  | Minor(s) | | | | |  | | | | | | | | | | | | | |
| GPA |  | | | | | | | | | | |  | | | | | | | | | | | | | Expected Graduation Date | | | | | | | | | | | |  | | | | | | | | | | | |
| Birthdate | | | | | | |  | | | | | | | | |  | | | | | | | | | MUW-ID | | | | | | | |  | | | | | | | | | | | | | |
| Demographics | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Race: | | Native American | | | | | | | | | | | Pacific Is. | | | | | | | | | African American | | | | | | | | | | | | Hispanic | | | | | | Caucasian | | Other | | | | | | |
| Gender: | | | | | Male | | | | | Female | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Person with disability: | | | | | | | | | | | Yes | | | | | | | | No | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| Active or former military: | | | | | | | | | | | | | | | Yes | | | | | | No | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
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| **II. Research Institution Information** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Research Supervisor | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | Title | | |  | | | | | | | | | | | | | |
| Institution | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | Department | | | | |  | | | | | | | | | | | |
| Address | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Telephone | | | | | |  | | | | | | | | | | | | | | | | |  | | | E-mail Address | | | | | | | | |  | | | | | | | | | | | | | |
| **III. Proposed Research Project** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Approximate Starting Date: | | | | | | | | | | | | | |  | | | | | | | | | | | | | | Expected Completion Date: | | | | | | | | | | | | |  | | | | | | | |
| Provide a short descriptive title for your project below. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Provide a short summary in the space provided below of the objectives of your research and plan of study. Use additional sheets if necessary. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **IV. Other remuneration or credit** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| List here if you are receiving any other funding, from any other source, for the work you will do under this professor’s supervision. Also list here any academic credit (BSB 499, HO 401/402, etc.) you will receive for the work you will do under this professor’s supervision. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Amount ($) or academic credit | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Amount ($) or academic credit | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **V. Statement** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| In 200 words or less, describe your current interest in pursuing a career in a STEM-related field, and identify how this research experience will have an impact on your interest in STEM-related fields. Also indicate what your career goals are. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **VI. Research Work Commitment**  By accepting this research scholarship program you are expressing a desire to work in a faculty-supervised lab. In this lab you may be asked to work up to **100 hours** of work **per semester**. You need to discuss and come to a mutually-acceptable agreement with your supervisor as to how many work hours, at what times, are expected of you.  In the space below indicate what time commitments you have agreed to with your faculty supervisor.    **VII. 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 internship 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 | |  | | | | |
| *I certify that I will serve as the student’s advisor and will supervise his/her research.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Signature of MUW Intern Advisor | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | Date | |  | | | | | |
| **Please complete and return to Dr. Ross Whitwam (rewhitwam@muw.edu), 201B Parkinson Hall, MUW, by the deadline.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |