

Workforce Development / New York Space Grant Affiliate Internship

NASA/New York Space Grant Undergraduate Summer Research Program
SUMMER 2005 Application Form
YOU MUST BE A U.S. CITIZEN TO PARTICIPATE

DEADLINE FOR RECEIPT OF THIS APPLICATION IS FEBRUARY 20, 2005

Send To: Space Grant Coordinator Elizabeth Humbert
517 Space Sciences, Cornell University, Ithaca, NY 14853
Phone: (607) 255.2710 Email: seh35@cornell.edu

APPLICATION MUST BE COMPLETE OR WILL NOT BE ACCEPTED

1. NAME: _____ SSN: _____
BIRTHDATE: _____
 2. Contact information ON MARCH 15, 2005 (first notification by e-mail):

PHONE: () _____ (H)
EMAIL: _____
 3. PERMANENT HOME ADDRESS AND TELEPHONE NUMBER: _____

 4. INDICATE GENDER: M or F DISABILITY? _____
RACE / ETHNICITY: White Hispanic/Latino American Indian/Pacific Islander Black/African American Asian
 Do Not Wish to Provide Other _____
 5. COLLEGE/UNIVERSITY YOU ARE PRESENTLY ATTENDING: _____
 6. SPACE GRANT AFFILIATE PROFESSOR YOU WISH TO WORK WITH: _____
 7. MAJOR SUBJECT: _____ CURRENT YEAR: _____
(ie: Junior, Senior...)
 8. Please have YOUR TRANSCRIPT sent to address above.
 9. Please have ONE ACADEMIC LETTER OF RECOMMENDATION to address above.
 10. **IMPORTANT: If accepted into this program, at the conclusion I agree to complete an evaluative questionnaire.**
- Signature: _____ Date: _____
Printed Name: _____
12. Please tell us how you heard about our program? Newsletter? Website, Which one? Word of Mouth? Print Ad? Flyer?