STUDENT INFORMATION FORM

NASA Kentucky — Space Grant Consortium and EPSCoR Programs

First Name:		Middle:		Last:	

College/University:		Major:	
Academic Level:		Expected Graduation Year:	
Gender:		Citizenship:	
Race:		US Military Veteran:	
Spanish/Hispanic/Latino Ethnicity:		Disability:	
First Generation College Student:		Qualify for Need-Based Financial Aid:	
Student ID: (last 4 if SSN)		Birth Date: (mm/dd/yy)	
Preferred Phone Number:		Alternate Phone Number:	
Preferred Email:		Alternate Email:	

Mailing Addresses

Permanent Address:		Current Address:	
ADDR Street		ADDR Street	
ADDR (cont.)		ADDR (cont.)	
ADDR (cont.)		ADDR (cont.)	
ADDR City		ADDR City	
ADDR State		ADDR State	
ADDR Zip		ADDR Zip	
Country		Country	

Project Information (answer all applicable)

Mentor/Advisor:		Mentor Title:	
Mentor Phone:		Mentor Email:	
Project title or brief description:			
Time Commitment: Did (will) you work more than 160 hours on this project?			
NASA Center:		NASA Program:	

Notes