

NASA Missouri Space Grant Consortium INTERNSHIP APPLICATION

Application is for (YEAR): Summer _____ Academic Year _____

High School _____ Undergraduate _____

Name _____

Social Security # _____ Telephone # _____

Current Address _____

Email _____

Permanent Address _____

Present Grade Point Average _____

Gender: Male _____ Female _____

Recognized Disability: No: _____ Yes: _____ Type: _____

Ethnic Origins: African-American _____ Hispanic _____

Pacific Islander _____ Native American _____

Other _____

NOTE: The completed application consists of this cover page, a one-page statement expressing interest in the Consortium Internship Program and in pursuing a career in a field of interest to NASA (e.g. astronomy, space science, aerospace engineering, etc.), and an optional one-page vitae, a letter of reference from a science or mathematics teacher or professor familiar with your abilities, and an official transcript of your academic record from your present school or university.