



**University of Hartford, Lead Institution**  
**200 Bloomfield Avenue, West Hartford, CT 06117**



**CT Space Grant Consortium  
 National Helicopter Training Workshop  
 Student Application**  
*Deadline: January 15, 2010*

**Please complete this application, attach the following items, then email the completed application & materials as a single PDF file to [ctspgrant@hartford.edu](mailto:ctspgrant@hartford.edu) or fax to 860/768-5073:**

- **Resume/CV**
- **Transcript** (Demonstrating completion of at least 2 semesters of an engineering – algebra and trigonometry for non-engineering students)
- **Proof of U.S. Citizenship** – Will be required of all students selected to participate in the workshop.
- **Letter of Support from Applicant’s State Space Grant Consortium** - Please attach a letter of support from your state’s Space Grant Consortium acknowledging that if you are selected for participating in this Workshop, that your state’s Consortium will award you a travel grant to pay 1) the Workshop Registration Fee of \$250 to the CT Space Grant Consortium, and 2) cover your travel to and from Connecticut. *The Workshop registration fee covers your housing and meals for the Workshop (August 1-August 6, 2010).*

Type or Print

Name: <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs.	
State Space Grant Consortium:	
Academic Institution:	
Campus Address:	
Permanent Address:	
Cell Phone & Home Phone:	Cell: _____ Home: _____
Email:	
Year: <input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior	
<input type="checkbox"/> I am at least 18 years old and a US Citizen. <input type="checkbox"/> I will have completed at least 2 semesters of an engineering or related program by summer 2010. <input type="checkbox"/> My state’s Space Grant Consortium supports my application and will fund my participation August 1-6, 2010 (\$250 registration + travel expenses) if I am selected.	
State’s Space Grant Consortium Director: _____	
Director’s Email: _____ Phone: _____	

