



Alaska Space Grant Program

Direct Participant Demographic Form

Name (Last, First, Middle): _____		<input type="checkbox"/> female <input type="checkbox"/> male	Student ID # _____
Local Address Street: _____ City: _____ State: _____ Zip: _____		Telephone: _____ <input type="checkbox"/> cell <input type="checkbox"/> work <input type="checkbox"/> home <input type="checkbox"/> parents	
Permanent Address Street: _____ City: _____ State: _____ Zip: _____		Email Address: _____ Date of Birth: _____	
Ethnic Identity (Voluntary, however if selected this information is required for NASA demographic study.) <input type="checkbox"/> Asian (specify ethnic group) <input type="checkbox"/> White or Caucasian, Non-Hispanic <input type="checkbox"/> Other (specify ethnic group) <input type="checkbox"/> Pacific Is (specify ethnic group) <input type="checkbox"/> Black, Non-Hispanic <input type="checkbox"/> Decline to respond <input type="checkbox"/> Hispanic (specify ethnic group) <input type="checkbox"/> American Indian or Alaska Native (specify tribal affiliation)			
<input type="checkbox"/> I have a disability. (A check mark indicates the applicant has a disability. Completion of this part of the applications is voluntary.)			
<input type="checkbox"/> U.S. Citizenship (<i>Required</i>) Have you served in the US Military? <input type="checkbox"/> Yes <input type="checkbox"/> No	Class Standing: <input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/> MS <input type="checkbox"/> PhD Expected graduation date (mm/yyyy): _____		
School Attending: _____	Campus: _____	Academic Major: _____	GPA: _____
Name of High School or location of GED test: _____		If a transfer student School transferred from: _____	
Honors, awards, and other scholarships: _____			
Enrollment Verification (provide contact person for the department of your academic major, i.e. Department Head, Chair or Dean) Name: _____ Dept: _____ Phone: _____ Street: _____ Email: _____ City: _____ State: _____ Zip: _____			
Applicant's Certification I certify that all information in this application is true and complete to the best of my knowledge. I also authorize release of information as described in the program guidelines. I understand that submitting false information will disqualify me from scholarship consideration.			
Signature: _____		Date: _____	