

# Astronaut Scholarship Foundation

## 2017 Scholarship Nomination Form

Nominee Information

First, Middle and Last Name

University / College

Nickname (if applicable)

Place of Birth (or date of naturalization)

College Mailing Address

Permanent Mailing Address

College Mailing Address

Permanent Mailing Address

College City, State, Zip

Permanent City, State, Zip

College Phone

Permanent Phone

Major Field(s) of Study

Email Address

**Fall 2017** Academic Status: Junior Senior

ASF Scholarship Status: New Renewal

Gender: Male Female

Race: \_\_\_\_\_ Rather not disclose

Expected date of graduation from the degree program in effect **Fall 2017**:

\_\_\_\_\_

The following must be submitted with this nomination form:

1. Nominee's one-page statement of their personal interests, activities and career goals
2. Nominee's resume
3. Nominee's financial summary form
4. Nominee's complete and most recent official academic transcript(s)
5. Copy of nominee's proof of citizenship (birth certificate, US passport or naturalization papers)
6. Two letters of recommendation

\_\_\_\_\_  
Nominating Faculty Member Name and Title

\_\_\_\_\_  
Nominating Faculty Member Office Phone Number

\_\_\_\_\_  
Department Chair or Director's Name and Title

\_\_\_\_\_  
Nominating Faculty Member Email Address