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# INFORMAL EDUCATION FUNDING PROGRAMS

*(Please check one)*

[ ]  Aerospace Outreach Program (AOP)

[ ]  Special Initiatives Program (SIP)

**I agree to the following:**

*(Please check each statement below)*

[ ]  Complete the WSGC Applicant Acceptance survey within 14 days of award acceptance.

[ ]  Complete the WSGC Informal Education survey.

[ ]  Submit a copy of the award letter, the proposed budget and the payment information form to my institution’s accountant (or equivalent).

[ ]  Submit an interim report mid-way through my project, including a financial update.

[ ]  Submit a final report within 30 days after my project ends.

[ ]  Post at least one photo or video of your funded research onto the WSGC Facebook or Twitter.

[ ]  Acknowledge NASA/WSGC in all presentations and publications resulting from my participation in the Undergraduate Funding Program.

[ ]  Provide WSGC with copies and links to any publications highlighting my project.

[ ]  Complete the annual tracking survey emailed to me by NASA.

[ ]  Inform WSGC Program Office immediately of any changes in address, phone number, department, advisor, institution, graduation date, etc.

[ ]  Write my congressional representative a thank you note for this publicly funded award.

**Choose one:**

[ ]  My project will end prior to the 25th Annual Wisconsin Space Conference at Experimental Aviation Association in Oshkosh, WI on August 14, 2015. I will attend the conference and submit a Proceedings Paper.

[ ]  My project will end after the 25th Annual Wisconsin Space Conference at Experimental Aviation Association in Oshkosh, WI on August 14, 2015. I will attend the 25th Annual Wisconsin Space Conference at Experimental Aviation Association in Oshkosh, WI on August 14, 2015. I will present my research results at the 26th Annual Wisconsin Space Conference and submit a Proceedings Paper for the 2016 Wisconsin Space Conference (location to be determined).

**I understand that I may be required to return WSGC funding if I fail to meet these conditions**.

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Signature Date

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| **Please fill out for WSGC Grant Reporting and Award Payout Purposes Only** |
|  |  |  |
| Last Name | First Name | Social Security Number |
|  |  |  |  |
| Address | City | State | Zip Code |
|  |  |  |
| Institution | Project Begin Date | Project End Date |