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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 | |
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| Address | City | | State | Zip Code |
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| Institution | | Project Begin Date | Project End Date | |