

**APPLICANT INFORMATION**

Student Project Title: \_\_\_\_\_ Completion Date: \_\_\_\_\_  
Project Completion not Course Completion

University: \_\_\_\_\_ Department: \_\_\_\_\_

Course: \_\_\_\_\_ Professor: \_\_\_\_\_ Professor Phone: \_\_\_\_\_  
List Course # for Current Semester Your professor may be contacted to randomly audit application information

**Primary Contact:**

\_\_\_\_\_  
First Name Last Name Telephone Number e-mail address AIAA Member

\_\_\_\_\_  
Street Address City State Zip Code

**Secondary Contact:**

\_\_\_\_\_  
First Name Last Name Telephone Number e-mail address AIAA Member

\_\_\_\_\_  
Street Address City State Zip Code

**Additional Group Members:**

\_\_\_\_\_  
First Name Last Name Telephone Number e-mail address AIAA Member

\_\_\_\_\_  
First Name Last Name Telephone Number e-mail address AIAA Member

\_\_\_\_\_  
First Name Last Name Telephone Number e-mail address AIAA Member

**BUDGET**

| ESTIMATED BUDGET           |        |      |
|----------------------------|--------|------|
| Material/Component/Service | Source | Cost |
|                            |        | \$   |
|                            |        | \$   |
|                            |        | \$   |
|                            |        | \$   |
|                            |        | \$   |
|                            |        | \$   |
|                            |        | \$   |
|                            |        | \$   |
|                            |        | \$   |
|                            |        | \$   |
|                            |        | \$   |
| <b>Total</b>               |        | \$   |

| LIST OTHER GRANTS/FUNDING OBTAINED FOR PROJECT |                           |         |
|--|---------------------------|---------|
| Source   | Grant/Funding Description | Funding |
|  |                           | \$      |
|  |                           | \$      |
|  |                           | \$      |
| <b>Total</b>                                   |                           | \$      |

Funding Requested from AIAA Student Project Grant: \$ \_\_\_\_\_



**PROPOSAL**

Project Objective:

Define the key activities and milestones of your project:

How is your project related to aerospace technology or the aerospace industry?

Statement of need:

Up to three pages of supplemental project proposal material may (drawings, diagrams, sketches, and any other relevant material) be provided with this application. (Strongly suggested)

Number supplemental proposal pages attached: \_\_\_\_\_ Total number of pages in application package: \_\_\_\_\_

**CERTIFICATION**

I/we the undersigned certify that the information contained on this application and any attached pages are complete and accurate to the best of my/our knowledge:

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

All members of the group must sign this form; attach additional pages if more lines are needed. Additionally, by signing this form, you authorize the use of this proposal as an example or for publication on our website (excluding personal data).