

**PROJECT COUNSELOR APPLICATION FOR THE  
SPACEFLIGHT AND LIFE SCIENCES TRAINING PROGRAM  
(SLSTP)**

**Application Deadline – January 31<sup>st</sup>**

A SUMMER PROGRAM at the JOHN F. KENNEDY SPACE CENTER, FLORIDA, USA  
Sponsored by THE NATIONAL AERONAUTICS AND SPACE ADMINISTRATION

**Information for Project Counselors:**

- Duties begin tentatively on May 31, 2004 and will conclude July 21, 2004

**Information to be submitted:**

- Completed application
- 3 letters of reference
- *Curriculum vitae* or resume
- Summary of training and teaching experience

Completed application materials should be mailed to the address below and postmarked no later than January 31<sup>st</sup>:

Spaceflight and Life Sciences Training Program  
Attn: Application Processing Office  
100 Campbell Hall  
Tuskegee Institute, AL 36088

**\*\*Applicants will be notified of their acceptance/non-acceptance no later than March 31<sup>st</sup>. All necessary credentials must be on file before an application will be considered.**

# SPACEFLIGHT AND LIFE SCIENCES TRAINING PROGRAM (SLSTP)

## APPLICATION FOR ADMISSION

Tuskegee University  
104 Campbell Hall  
Tuskegee Institute, AL 36088

COMPLETE EACH ITEM. INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED. This is an Equal Opportunity Program.

### I PERSONAL INFORMATION

1. \_\_\_\_\_  
Last Name
- \_\_\_\_\_  
First Name
- \_\_\_\_\_  
Middle/Maiden Name
2. \_\_\_\_\_  
U.S. Social Security Number
2. If there is a possibility that any credentials, transcripts or letters of recommendations may arrive under a name different than that given in this item, please provide name(s) here:  
\_\_\_\_\_  
\_\_\_\_\_
3. Date of Birth (e.g. May 3, 1971 is 05-03-71)  
\_\_\_\_\_  
Mo. Day Yr.
4. Place of Birth  
\_\_\_\_\_  
City  
\_\_\_\_\_  
State
5. Sex  Female  Male
6. Marital Status:  
Married  Single  Number of Children \_\_\_\_\_
7. Race and/or Ethnic Origin (Check One)
- |  |  |
|--|--|
| <input type="checkbox"/> Native American or Alaskan Native | <input type="checkbox"/> Hispanic                      |
| <input type="checkbox"/> Asian or Pacific Islander         | <input type="checkbox"/> White, not of Hispanic origin |
| <input type="checkbox"/> African American (Black)          | <input type="checkbox"/> Other, specify: _____         |
8. Current mailing address. (All correspondence will be mailed to this address.)  
(IMPORTANT: Report any changes immediately.)
- \_\_\_\_\_  
Number & Street (or P.O. Box)
- \_\_\_\_\_  
City State Zip Code
- Telephone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_
9. How did you hear about SLSTP?  Brochure/Poster  Recruiter  Former SLSTP Participant  Instructor/Advisor  
 Internet  Other (Specify) \_\_\_\_\_

10. Have you applied to the SLSTP before?  Yes  No If yes, when \_\_\_\_\_

11. Have you participated in any way with SLSTP before? If yes, how? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### III EDUCATION AND EMPLOYMENT HISTORY

9. Current Academic Classification:

Master's Candidate  Ph.D. candidate  Post- doctoral fellow  Other (specify): \_\_\_\_\_

Emphasis: \_\_\_\_\_

10. Educational background

	Institution	Location	From (MM/YY)	To (MM/YY)	Degree Received
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____

11. Institution where you are currently enrolled or employed \_\_\_\_\_

Department \_\_\_\_\_

Number & Street (or P.O. Box) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Department Telephone \_\_\_\_\_ E-mail address \_\_\_\_\_

12. Previous employers. Please supply any information not included on your curriculum vitae. Use additional paper if required.

a. Employer \_\_\_\_\_ Title \_\_\_\_\_

Mailing Address \_\_\_\_\_

Supervisor's name and title \_\_\_\_\_

Supervisor's telephone number \_\_\_\_\_

Employment dates From (MM/YY) \_\_\_\_/\_\_\_\_ To (MM/YY) \_\_\_\_/\_\_\_\_

Reason for leaving \_\_\_\_\_

b. Employer \_\_\_\_\_ Title \_\_\_\_\_

Mailing Address \_\_\_\_\_

Supervisor's name and title \_\_\_\_\_

Supervisor's telephone number \_\_\_\_\_

Employment dates From (MM/YY) \_\_\_\_/\_\_\_\_ To (MM/YY) \_\_\_\_/\_\_\_\_

Reason for leaving \_\_\_\_\_

c. Employer \_\_\_\_\_ Title \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
Supervisor's name and title \_\_\_\_\_  
Supervisor's telephone number \_\_\_\_\_  
Employment dates From (MM/YY) \_\_\_\_/ \_\_\_\_ To (MM/YY) \_\_\_\_/ \_\_\_\_  
Reason for leaving \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**IV OTHER RELEVANT INFORMATION**

13. List any skills or certification (Pilot's License, CPR, EMT, Lifesaving, Scuba, etc.) that you possess (indicate dates)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14. Describe your teaching and team – building experience (use a separate sheet)

15. List the names of three (3) individuals from whom you will request letters of recommendation (Name, Affiliation, Title, and Telephone)  
a. \_\_\_\_\_  
b. \_\_\_\_\_  
c. \_\_\_\_\_

16. Only United States (U.S.) citizens or aliens who have a legal right to work in the U.S. are eligible for employment. Are you presently eligible to work in the United States? \_\_\_ Yes \_\_\_ No

17. Have you pleaded no contest to, or been convicted of, a first-degree misdemeanor or felony? \_\_\_ Yes \_\_\_ No If yes, explain fully:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**IMPORTANT: EACH APPLICANT MUST READ AND SIGN THE FOLLOWING SECTION**

I certify that the information given in this application is complete and accurate, and I understand that to make false or fraudulent statements within this application may result in denial of admission. If admitted, I hereby agree to abide by the policies and the rules of regulations of Kennedy Space Center and Tuskegee University. Should any of the information I have given change prior to my entry into the program, I will immediately notify the Spaceflight and Life Sciences Training Program Application Office at Tuskegee University.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
SOCIAL SECURITY NUMBER

\_\_\_\_\_  
DATE

# Application Materials Check List

ALL MATERIALS MUST BE POSTMARKED NO LATER THAN JANUARY 31st

- \_\_\_\_\_ Completed Application Form
- \_\_\_\_\_ Official Transcript (students only)
- \_\_\_\_\_ Letters of Recommendation (3)
- \_\_\_\_\_ Personal Essay (students only)
- \_\_\_\_\_ Curriculum vitae (project counselors only)
- \_\_\_\_\_ History of experience in teaching, coaching, team-building, etc. (project counselors only)
- \_\_\_\_\_ Include a self-addressed stamped postcard

Applicants are advised to follow up with the Registrar's Office and References to ensure that materials are submitted on time. This list is provided for your convenience. Do not return it with your application form.