



# *Wisconsin* **Space Grant Consortium**

Carthage College

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## GRADUATE FUNDING PROGRAM CERTIFICATION

- ☐ Graduate Fellowship Award
- ☐ Dr. Laurel Salton Clark Graduate Fellowship Award

I certify that I am, will be, or have applied to be a full-time graduate student at one of the Wisconsin Space Grant Consortium colleges or universities during the award period covered in this application, and the information contained in this application is accurate to the best of my knowledge. I understand that, should I receive funding, some or all of this scholarship/fellowship may be taxable according to IRS regulations and that I am responsible for making sure all tax requirements are met.

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

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

\_\_\_\_\_  
Signature

The college or university certifies that if WSGC and/or NASA funds are awarded to the above applicant, this scholarship will not supplant or alter internal institution funds otherwise intended for the student (only applies if already accepted to or in college or university).

\_\_\_\_\_  
Print (Department Chair or Financial Aid Officer)

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

\_\_\_\_\_  
Signature