



## Space Awareness and Learning Grants Program Application

**Please fill in this form if you wish to be considered for a Space Awareness and Learning Program Grant. Only forms that are complete will be considered. Attachments will not be evaluated.**

### Applicant contact information

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Last name First name

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Address Apartment number

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City Province Postal code

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( ) - ( ) -  
Tel. (home) Tel. (work)

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School name

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School address

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City Province Postal code

## Eligibility

Please check all appropriate boxes

**Student**

I am a Canadian student enrolled in a school at the following level:

primary  secondary  post-secondary

**Educator**

I am actively employed at a school in Canada at the following level:

primary  secondary  post-secondary

**NOTE: You must attach proof that you are currently enrolled or employed at the stated institution, by means of transcripts, pay stub or a letter on the institution's letterhead from a professor or supervisor.**

## Learning opportunity

Check all appropriate boxes

- The event will increase your **awareness**, directly or indirectly, of Canadian space science and technology through
- educator professional development workshops
  - youth science/space conferences
  - intra curricular activities
  - extra curricular activities
  - contests/competitions
  - other; please specify \_\_\_\_\_
- The event will increase your **knowledge** about developments in Canadian space science and technology through
- youth science/space conferences
  - intra curricular activities
  - extra curricular activities
  - contests/competitions
  - other; please specify \_\_\_\_\_

**The applicant must forward a written report on the learning experience to the Canadian Space Agency (CSA) within 60 days of attending, or participating in, the event for which a CSA Space Awareness and Learning Grant is awarded.**

**Event information**

<b>Title:</b>
<b>Date:</b>
<b>Location:</b>
<b>Event description</b>
<b>Purpose of your attending the event:</b>
<b>How do you plan to share your newly acquired knowledge with others (students and/or educators)?</b>

**Cost of attendance or participation**

<b>Registration cost associated with event (if any):</b>	_____
<b>If travel is required to attend event, indicate mode of transport:</b>	_____
<b>Total funding requested from, or confirmed by, other organizations:</b>	_____
<b>Please indicate if any meals are included in registration costs, if applicable:</b>	_____

**Space Awareness and Learning Grants Program Committee  
Request Assessment Form**

<b>Requirement</b>	<b>1 Does not meet requirement</b>	<b>2 Meets requirement</b>
The extent to which the proposed event meets Program objectives.		
The quality of the event in terms of the depth of knowledge about Canadian space science and/or technology it brings to youth/educators.		
Transferability of the knowledge acquired by participating in the event to other students, educators or institutions, thus providing youth with formal or informal learning opportunities.		

**Recommendation:**    **Support request**       **Decline request**

**Level of funding recommended:** \_\_\_\_\_