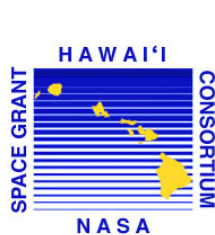


Hawai'i Space Grant Consortium

Undergraduate RockSat Traineeship Program

*Honolulu Community College
Kapi'olani Community College
Kaua'i Community College
Windward Community College*

Available for Fall, Spring and Summer



**HAWAI‘I SPACE GRANT CONSORTIUM
UNIVERSITY OF HAWAI‘I
PARTICIPATING CAMPUSES**

**UNDERGRADUATE ROCKSAT TRAINEESHIP
PROGRAM SUMMARY**

The University of Hawai‘i Space Grant Consortium, as a participant in the National Space Grant College and Fellowship Program, invites applicants for the NASA Undergraduate Space Grant RockSat Traineeship Program to support the Imua Project. The goal of the National Space Grant College and Fellowship Program is to expand opportunities for U.S. citizens to understand and participate in NASA’s aeronautics and space programs by supporting and enhancing science and engineering education, research and outreach programs.

Undergraduates enrolled at participating University of Hawai‘i Community Colleges are eligible to apply. **Applicants must be U.S. citizens** and must be willing to receive educational training for the duration of the award. Awards will be based on academic qualifications of the student and the intent to participate in the program. The selected student must provide hours, as needed, to meet the goals and requirements of the project during the semester. Traineeships are awarded for one semester at a time and may be renewed for more semesters based on satisfactory progress of the student’s efforts in the program.

Successful candidates will be designated University of Hawai‘i Space Grant Trainees and financial support will include a stipend between \$1000 - \$2100 per semester. Trainees will gain educational training under the Associate Director of the participating campus on specific projects outlined in the Imua Proposal.

Women, under-represented minorities (specifically Native Hawaiians, Pacific Islanders, Native Americans, African Americans, and Hispanics), and physically challenged students who have interest in space-related fields are particularly encouraged to apply.

APPLICATION PROCEDURE

I. TO BE PREPARED BY NEW APPLICANTS ONLY AND SUBMITTED BY THE RESPECTIVE DEADLINE:

- 1) Cover Page Fully Completed (Page 5)
- 2) Statement of Intent to Participate
- 3) Student's resume
- 4) Unofficial Transcripts
- 5) WH-1 Form (updated form – last two pages)

I.1 Cover Page

The form that will be the cover page is included with this packet and must be completed by the applicant. Please be sure to include all information requested.

I.2 Statement of Intent to Participate

The student should provide, preferably a one-page statement of intent. The student should describe why he or she should be selected to participate in the program, what they hope to gain from the experience, how long they plan to commit to the project and explain how the project will benefit from their participation. Students are strongly urged to contact the campus Associate Director (listed below) prior to submission of the materials required to apply for this program in order to ascertain the appropriateness of the intended project.

I.3 Student's Resume

The resume should provide a list of a short (one-page or less) summary of the applicant's career interests and accomplishments.

I.4 Transcript

The student should include an unofficial copy of transcripts to show the current GPA of the applicant's academic records. If the student is an incoming Freshman, a copy of the student's high school transcript should be provided.

I.5 WH-1 Form

Applicants must complete this form to show proof of citizenship and for administrative procedures implemented within the UH Hawai'i System.

NOTE: For renewal recipients who have made a change in their permanent address, must complete a new WH-1 form.

The original copy of the application with signatures on the cover page should be submitted to the appropriate Associate Director listed below in the table by July 31 for the Fall semester, December 1 for the Spring semester or May 15 for the Summer semester. More information on Associate Directors from each institute are available at the HSGC website: <http://www.spacegrant.hawaii.edu/personnel.html>.

Associate Director(s)	Institution Name	Contact Information
Dr. Gregory Witteman	Honolulu Community College	847-9847
Dr. Herve Collin	Kapiolani Community College	734-9265
Dr. Georgeanne Purvinis	Kauai Community College	245-8219
Dr. Joseph Ciotti	Windward Community College	236-9111

II. SUBMISSION

II.1 Initial Application

Applications for students beginning in the Fall semester are due by July 31; for students beginning in the Spring semester the deadline is December 1. For students participating in the summer, application forms must be completed and received by May 15. Selected applicants will be notified by the Institute's Associate Director (Page 3).

II.2 Renewal Requests

Request for renewal must be submitted to the Hawai'i Space Grant Consortium by December 1 for the Spring semester, May 15 for the Summer semester and July 31 for the Fall semester. Renewal applicants are required to complete the "Renewal Request Form (Page 6)" and receive an approval by the Institute's Associate Director. Renewal applicants do not have to submit unofficial copies of transcript, resume and statement of intent unless information is requested. A new WH-1 form must be completed if the recipient's permanent address is different.

NOTE: Unofficial transcripts may be requested if the student's academic grades are significantly impacted due to their participation in the program. Continuation is based on satisfactory progress and skills attained.

II.3 Inquiries

Questions concerning the submission of applications and the administration of this Traineeship Program should be addressed to the respective Institute Associate Director (see previous page).

III. RESPONSIBILITIES OF A TRAINEE

During the semester, educational training should be provided within the time-frame of the UH academic term(s). Satisfactory progress will be dependent on the amount of time and effort put into the traineeship experience. Trainees will be required to attend meetings and participate in teleconferences for the duration of the award. Trainees are required to attend the Undergraduate Fellowship and Traineeship Symposium, which is held towards the end of both the Spring and Fall semesters. An oral presentation may be required during these symposium events, in which further details will be provided to reach this requirement.

At the end of the semester, we give the Trainees the option to complete a written report (3-4 pages) describing their accomplishments for their personal reference and to update his/her resume. Reports should include results of the student's experiments and/or area of study, and note, if applicable, presentations made, papers published, or relevant activities attended.

Trainees are also required to fill out the Longitudinal Tracking System (LTS) online form that tracks the student's progress after graduation and a Project Imua survey on the Traineeship Program. These last responsibilities are especially important to improve on the program and for HSGC's annual report to NASA.

**University of Hawai'i
Hawai'i Space Grant Consortium
NASA Space Grant Undergraduate RockSat Traineeship Program
RENEWAL REQUEST FORM**

**Proposal due dates: July 31st for Fall Semester / December 1st for Spring Semester
May 15th for Summer Semester
For US Citizens Only**

Please type:

Student's Name (Last, First, M.I.): _____

Date of Birth (Month/Day/Year): ____/____/____ Please mark one: ___ Male ___ Female Age: ____

Current Address: _____
number and street apt # city zip code

Permanent Address (if different from above): _____

Telephone: _____ e-mail address: _____

Current Undergraduate academic standing in College: ___ Freshmen ___ Sophomore ___ Junior ___ Senior

Current Cumulative GPA: _____ Community College: ___ Honolulu ___ Kapi'olani
___ Kaua'i ___ Windward

Expected Graduation Date: _____ Other: _____

Major: _____ Minor: _____

Trainees will be selected on merit without regard to race, color, religion, national origin, sex, or age. However, in order to determine and report accurately the degree to which members of the diverse segments of the population are reached by this announcement, the UH Space Grant Consortium would appreciate your input by filling in the appropriate blocks.

Student Demographics (Please mark all that apply below):

___ Caucasian ___ Pacific Islander ___ African American ___ Native American ___ Asian
___ Native Hawaiian ___ Other (please specify) _____ ___ I do not wish to provide information

Ethnicities: ___ Latino ___ Hispanic ___ None ___ I do not wish to provide information **Veteran:** ___ Yes ___ No

Physically Challenged:

___ Hearing Impairment ___ Mobility/Orthopedic Impairment ___ None ___ I do not wish to provide information
___ Visual Impairment ___ Mental Impairment ___ Other (Please Specify) _____

Have you participated in any Space Grant programs before? If so, please list your involvement(s):

I certify that I am a citizen of the United States, and I will be an undergraduate student at one of the University of Hawai'i Community College campus for the duration of the award.

Also, I will authorize the Hawai'i Space Grant Consortium to conduct the following study for the purpose of maintaining funds for the program:

- To allow the release of my contact information to NASA Headquarters for the purpose of a longitudinal study of tracking students' career choices. As a recipient, I will complete the Tracking Form at this website <http://www.spacegrant.hawaii.edu/fellowshipTracking.html> by the end of the semester/period of performance and the Imua Survey to be provided separately.**

Student's Signature: _____ Date: _____

----- INTERNAL USE ONLY -----

Associate Director's Signature of Approval: _____ Date: _____

Amount of Award: \$ _____ Semester of Support: ___ Spring ___ Summer ___ Fall Year: _____

Section C. Tax Status Determination

STEP 1: Complete the Substantial Presence Test (SPT) by completing the table below.

For F, J, M or Q Visaholders, please note the following:

- For F, J, or M Student Visaholders: Do NOT count any days during your first 5 years in the United States in which you held an F, J, or M student visa.
- For J or Q Non-Student Visaholders: Do NOT count any days during your first 2 years in the previous 6 years in the United States in which you held a J or Q Non-Student visa.

CALENDAR YEAR	ENTER TOTAL NUMBER OF DAYS PRESENT IN THE UNITED STATES FOR EACH YEAR (A)	RATIO (B)	CALCULATE TOTAL NUMBER OF DAYS TO COUNT FOR EACH YEAR (A X B)
		1	
		1/3	
		1/6	
		TOTAL # OF DAYS	

STEP 2: Please answer the following questions:

- A. Does the TOTAL NUMBER OF DAYS TO COUNT for the current calendar year equal to 31 days or more? YES NO
- B. Does the TOTAL # OF DAYS for all three years equal to 183 days or more? YES NO

STEP 3: Determine your tax status:

- If you marked "YES" to both questions A and B, then you passed the Substantial Presence Test and will be treated as a **RESIDENT ALIEN (RA) FOR TAX PURPOSES** for this calendar year. **Go to and sign Section E below.**
- If you marked "No" to one or both questions, then you did not pass the Substantial Presence Test and will be treated as a **NONRESIDENT ALIEN FOR TAX PURPOSES** for this calendar year. **Go to Section D below.**

Section D. EXEMPTION FROM WITHHOLDING FOR THE NONRESIDENT ALIEN

1. All Payments made to Nonresident Aliens are subject to US federal tax withholding at a statutory rate of 30%.

However, you may claim an exemption from withholding or reduced rate via a US Tax Treaty if you meet the following requirements:

- You must be a resident of a country that has a tax treaty with the US. (Consult IRS Publication 901, US Tax Treaties, at <http://www.irs.gov/pub/irs-pdf/p901.pdf>. The tax treaty must have a treaty article applicable to the type of payment you'll be receiving:
 - *Scholarship or Fellowship Article* for Scholarship, Fellowship, Traineeship, and Stipend Payments.
- OR**
- *Independent Personal Services Article* for Fee for Services, Honoraria, and Reportable Travel payments.
- b. You must meet all requirements regarding residency, time, and dollar limitations described in the tax treaty.
- c. You must have a Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN) to claim a treaty exemption.

2. Do you want to claim a treaty exemption from US federal tax withholding? (Check one box only.)

- YES I am a resident of a country that has a tax treaty with the US and has an applicable tax treaty article. Therefore, I claim exemption from US tax withholding via a US Tax Treaty with _____, my country of residence. I have attached **one** of the following IRS forms: (Consult IRS website for Forms and Instructions at <http://www.irs.gov/formspubs/index.html>)
- IRS Form 8233 for Fee for Services, Honoraria, and Reportable Travel payments.
- OR**
- IRS Form W8-BEN for Scholarship, Fellowship, Traineeship, Stipend, and Royalty payments.
- NO I choose not to claim a treaty exemption from US tax withholding, even though I am a resident of a country that has a tax treaty with the US and an applicable treaty article. I understand taxes will be withheld at 14% (Scholarships, Fellowship, Traineeship, or Stipend) or 30% (All other payments.).
- NO I cannot claim a treaty exemption from US tax withholding because I do not meet the requirements stated in Part 1 above. I understand taxes will be withheld at 14% (Scholarships, Fellowship, Traineeship, or Stipend) or 30% (All other payments.).

Section E. CERTIFICATION OF INFORMATION PROVIDED ON THIS FORM

Under penalties of perjury, I certify the information entered above is correct; and if a reduced rate of exemption from tax applies, I further certify that I have complied with all tax treaty requirements to qualify for the reduced rate. (For Resident Aliens, IRS has not notified me of backup withholding.)

Signature: _____

Date: _____

Disbursing Office Use Only

Tax Status: <input type="checkbox"/> US Citizen	<input type="checkbox"/> Permanent Resident Alien	Vendor Code	
<input type="checkbox"/> Resident Alien for Tax Purposes (SPT exp 12/____)	<input type="checkbox"/> Nonresident Alien		
Nonresident Withholding:		Expiration Date	
<input type="checkbox"/> Statutory Rate of 30%	Form 8233 _____	1099/1042 & WH Ind:	
<input type="checkbox"/> Reduced Rate of 14% or ____%	Form W8-BEN _____		
<input type="checkbox"/> Exempt	Form W-9 _____		
		Initials	Date