

FELLOWSHIPS - Supplemental Application (Long Programs)

SUPERVISOR'S RECOMMENDATION - Plea	se provide responses to the questions below.
APPLICANT'S NAME (Last, First, Middle Initial, Suffix)	SUPERVISOR'S NAME AND POSITION TITLE
PROGRAM APPLYING FOR:	
1. HOW DO YOU ENVISION THIS INDIVIDUAL CONTRIBUTING TO NA	SA'S MISSION 2-3 YEARS FROM NOW? WHAT SPECIFIC
DEVELOPMENT (SKILLS, EXPOSURE, PERSPECTIVE, ETC.) WILL THAT LEVEL?	THE INDIVIDUAL NEED TO BE PREPARED TO CONTRIBUTE AT
2. WHAT WOULD YOU EXPECT TO BE THE MOST IMPORTANT OUTC	COME OF HIS OR HER PARTICIPATION IN THE FELLOWSHIP
PROGRAM SELECTED?	

NASA FORM 1793A APR 10 PAGE 1 OF 2

3. WHAT ARE THE INDIVIDUAL'S GREATEST LEADERSHIP STRENGTHS?
4. WHAT ARE THE INDIVIDUAL'S GREATEST LEADERSHIP NEEDS?
4. WHAT ARE THE INDIVIDUALS GREATEST ELADERSHIF NEEDS:

NASA FORM 1793A APR 10 PAGE 2 OF 2