

ASSOCIATION OF MATHEMATICS TEACHERS OF NEW YORK STATE



Undergraduate \$2000 Scholarship Application Directions for 2018

To the Scholarship Applicant:

In order to qualify for the AMTNYS Scholarship, you must:

- ...be a college undergraduate during the spring semester of the current year.
- ...have an overall GPA minimum of 3.25, and provide evidence with an official transcript sent to the Professional Services Committee.
- ...fill out the Application Form completely, indicating the year of graduation, student teaching schedule, and the required list of Mathematics courses taken. A valid email address should also be provided for correspondence with the committee chair. You will be notified of the progress of your application throughout the process.
- ...submit a typewritten statement (maximum of 2 pages – double spaced) on your educational plans, ambitions, and qualifications. Your statement should indicate why you feel you are qualified for this award. Describe your involvement with mathematics education and contributions you have made to your school and community
- ...request two (2) letters of recommendation from individuals that will speak on your behalf concerning your appropriate strengths with specific examples. At least one should be from your Mathematics or Education program. Do this in a timely manner, as the letters must be completed, sent and postmarked **NO LATER** than July 3rd.

The recommendation letters and the transcript should be sent under separate cover, from the office or individual responsible for the item. As items are received, your application packet will be assembled. Allowing for mail delivery time, after July 3rd, each completed application packet should contain: Application Form, typed statement, transcripts, and two (2) recommendation forms. *Only COMPLETED* packets will be forwarded to the selection committee.

There will be a web site that will identify the received items, so each applicant can track the progress of their application. Directions for this access will be sent as soon as a valid email address is received by me.

The committee will meet during the month of August to determine the scholarship recipients. At that time, winners will be notified no later than August 31st. Winners will be invited to attend the Fall AMTNYS conference (at no cost to them), presented to the AMTNYS membership and to receive their award.

For more information, or if you have a question, please contact the committee chair, Ms. Joan Koral, and you should receive an answer promptly. Contact information is below. Good Luck.

All documents should be postmarked on or before July 3rd, and forwarded to:

Contact information:

Joan Koral, Chair
Professional Services Committee
7109 Lakemist Dr.
Cicero, NY 13039

Phone: 315-698-1627
Fax #:
Email: joan@koral.net

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Undergraduate \$2000 Scholarship Application Form for 2018

Date: _____ (Please **PRINT** and complete with **BLACK ink**)

Name: _____ College: _____

Home Address: _____ E-mail address (valid through at least 9/15/18): _____

Home Phone No. (____) _____ - _____ College Phone No. (____) _____ - _____

Certification Sought: Secondary Math _____ Elementary Math _____ Anticipated Graduation Date: _____

Name of Advisor: _____ Department: _____

Telephone Number of Advisor: (____) _____

Dates of Student Teaching Assignment: _____, 201____

An OFFICIAL TRANSCRIPT is required from each college which you took courses (within the last 5 years) that are part of your undergraduate degree, including ALL TRANSFERS and the spring semester of THIS YEAR. The minimum GPA for this scholarship is 3.25. Have you requested transcripts? Yes _____ No _____

How many different colleges will be supplying transcripts for your application? _____

Math History: List ALL math courses taken in your college program;
(You must have at least 18 hours of math completed by the end of this spring semester.)

List the Names and Addresses of the two (2) individuals from whom you have requested recommendations
(at least one should be from your Mathematics or Education program).

NAME: _____

Title: _____

Address: _____

E-Mail Address: _____

Essay: Submit a typewritten statement (maximum of 2 pages) of your educational plans and ambitions; indicate why you feel that you are qualified for this award. Mail the complete application, **postmarked by July 3, 2018**, and have your transcripts forwarded to:
Ms. Joan Koral, 7109 Lakemist Dr., Cicero, NY 13069.

**Only COMPLETED packets will be forwarded to the selection committee.
Notification of the winners will take place by August 31.**

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Letter of Recommendation for AMTNYS Scholarship

To the Recommender: (Student should fill in top of form.)

Please complete this form, or use your professional letterhead and attach this form, and mail directly to: Ms. Joan Koral, 7109 Lakemist Dr., Cicero, NY 13039. Your letter must be postmarked no later than July 3rd. The scholarship review committee thanks you in advance for your time and effort. Your comments may become part of a press release if this candidate is selected for the scholarship. You may contact Joan Koral at email address joan@koral.net if you have questions.

Name of Student: _____ Student E-mail: _____

Address of Student: _____

Name of College: _____

Recommender Name: _____

Title: _____ E-Mail Address: _____

Statement of Recommendation: (Please type; Use back of sheet or second sheet if necessary)

Date: _____ Signature: _____

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Name of Student: _____ Student E-mail: _____

Address of Student: _____

Name of College: _____

Recommender Name: _____

Title: _____ E-Mail Address: _____

Statement of Recommendation: (Please type; Use back of sheet or second sheet if necessary)

Date: _____ Signature: _____