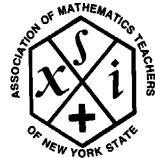


# ASSOCIATION OF MATHEMATICS TEACHERS OF NEW YORK STATE



## Undergraduate \$2000 Scholarship Application Directions for 2022

### 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.
- ...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 and may want to include: your involvement with mathematics education, contributions you have made to your school/community, your teaching philosophy.
- ...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 4, 2022.

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, {by July 2, 2021} 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.

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 31<sup>st</sup>. Winners will be invited to attend the Fall AMTNYS conference (at no cost to them), presented to the AMTNYS membership and receive their award.

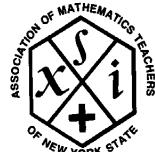
For more information, or if you have questions, please contact the committee chair; good luck!

All documents should be postmarked on or before July 4, 2022 and forwarded to:

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

Email: [joan@koral.net](mailto:joan@koral.net)

# ASSOCIATION OF MATHEMATICS TEACHERS OF NEW YORK STATE



## Undergraduate \$2000 Scholarship Application Form for 2022

Name: \_\_\_\_\_

Date: \_\_\_\_\_

College: \_\_\_\_\_

Home Address: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Certification Sought: Secondary Math \_\_\_\_\_ Elementary Math \_\_\_\_\_

Anticipated Graduation Date: \_\_\_\_\_

Name of Advisor: \_\_\_\_\_ Department: \_\_\_\_\_

Telephone Number of Advisor: (\_\_\_\_\_) \_\_\_\_\_

Dates of Student Teaching Assignment: \_\_\_\_\_, 20\_\_\_\_\_

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: \_\_\_\_\_

NAME: \_\_\_\_\_

Title: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

E-Mail 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 4, 2022**, and have your transcripts forwarded to:

Ms. Joan Koral, 7109 Lakemist Dr., Cicero, NY 13039.

**Only COMPLETED packets will be forwarded to the selection committee.**

**Notification of the winners will take place by August 31.**

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 the 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 & note which transcript/institution the grade will be listed on: [minimum 18 hours of math required]

# ASSOCIATION OF MATHEMATICS TEACHERS OF NEW YORK STATE



## Letter of Recommendation for AMTNYS Scholarship

### **Applicant Please complete:**

Name of Student: \_\_\_\_\_

Student E-mail: \_\_\_\_\_

Address of Student: \_\_\_\_\_

Name of College: \_\_\_\_\_

Recommender Name: \_\_\_\_\_

Title: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

### **To the Recommender:**

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. Your letter must be postmarked **no later than July 4, 2022**.

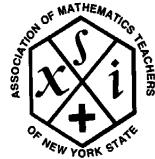
Please complete this form, or use your professional letterhead and attach this form, and mail directly to:

**Ms. Joan Koral, 7109 Lakemist Dr., Cicero, NY 13039.**

Statement of Recommendation: (Please type; use back of sheet, second sheet, or attach if necessary)

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

# ASSOCIATION OF MATHEMATICS TEACHERS OF NEW YORK STATE



## Letter of Recommendation for AMTNYS Scholarship

### **Applicant Please complete:**

Name of Student: \_\_\_\_\_

Student E-mail: \_\_\_\_\_

Address of Student: \_\_\_\_\_

Name of College: \_\_\_\_\_

Recommender Name: \_\_\_\_\_

Title: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

### **To the Recommender:**

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. Your letter must be postmarked **no later than July 4, 2022**.

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.**

Statement of Recommendation: (Please type; use back of sheet, second sheet, or attach if necessary)

Date: \_\_\_\_\_ Signature: \_\_\_\_\_