

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 31st. 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

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]

[illegible]

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: _____

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