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APPLICATION FOR MATHEMATICS AWARDS

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To meet minimum eligibility for an award, you must:

- have been enrolled in a two-year college during the 2018-2019 academic year
expect to transfer to a bachelor's degree granting institution during the 2018-19 or 2019-2020 academic year
plan to major, minor, or concentrate in mathematics or a related field upon transfer
have successfully completed both Calculus I and Calculus II
have at least a 3.3 overall G.P.A.
have at least a 3.5 G.P.A in your completed mathematics courses.

To apply, you must:

- have a completed application form and have it emailed or mailed by March 1, 2019.
write your "student statement" (see page 2 of this form) and send it attached to this form, through email or mail by March 1, 2019.
update the file name to be your last name and first name, label the file as application or student statement and save as a pdf if emailing the application and student statement (as two separate attachments).
request recommendation letters from two instructors (at least one mathematics instructor) from your school.
have your school mail your most March 1, 2019.
Any emailed forms must be received by 11:59pm on March 1, 2019.

Address any mail to: Patty Owens, NYSMATYC Scholarship Committee Chair, Onondaga Community College, Mathematics Department, 4585 West Seneca Turnpike, Syracuse, NY 13215

Email Address: owensp@sunyocc.edu

PLEASE PRINT OR TYPE:

Your name: last first middle initial

Your home address: street city state/ZIP

Your phone: Your email address:

Name of two-year College you are currently attending:

Intended major/minor upon transfer: Major: Minor (if any):

Expected start date at transfer school (month/year):

Name(s) of four-year college(s) to which you have applied:

Identify each course you are currently taking by prefix/number and name (e.g. MATH 2610-Calculus III):

How many times have you participated in the NYSMATYC Math League Contest? (this refers to the written problem-solving test administered each semester):

NOTE: Application continues on next page!!!! Please fill out the 2nd page to this form as well!



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Indicate below the instructors who have agreed to write recommendation letters for you. Remember that at least one must be from a math instructor, and both must be postmarked by **March 1, 2019**.

Math Instructor's Name: _____ Position/Title: _____

Math Instructor's College Address: _____

Math Instructor's Email Address: _____

2nd Instructor's Name: _____ Position/Title: _____

2nd Instructor's College Address: _____

2nd Instructor's Email Address: _____

IMPORTANT

Student statement: On a single sheet of paper, use double-spaced typing to state your educational plans, ambitions and why you think you qualify for an award. Your comments concerning your educational goals are a very important part of this evaluation process. Attach the file with the application file in your email.

Signing your form indicates that the information you have provided is accurate.

Applicant's Signature: _____ **Date:** _____

Please type your first and last name for signature.

(The remaining parts are optional.)

I, _____, wish or do not wish to give permission to NYSMATYC to forward my name to my transfer institution for potential additional scholarships, in the event that I am granted a NYSMATYC award.

So that your current college can be informed should you be granted an award, please supply the name and address of your college's President:

President's Name: _____

College Address: _____