



APPLICATION FOR MATHEMATICS AWARDS

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Form with two columns: 'To meet minimum eligibility for an award, you must:' and 'To apply, you must:'. Includes contact information for Patty Owens, NYSMATYC Scholarship Committee Chair.

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 6, 2020**.

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 sheet to this application. Type on one side only.

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

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

(The remaining parts are optional.)

I 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. Signed: _____

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: _____

End of Application! Thank you!

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