



APPLICATION FOR MATHEMATICS AWARDS

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<p><b>To meet minimum eligibility for an award, you must:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> have been enrolled in a two-year college during the 2020-2021 academic year</li> <li><input type="checkbox"/> expect to transfer to a bachelor's degree granting institution during the 2020-2021 or 2021-2022 academic year</li> <li><input type="checkbox"/> plan to major, minor, or concentrate in mathematics or a related field upon transfer</li> <li><input type="checkbox"/> have successfully completed both Calculus I and Calculus II</li> <li><input type="checkbox"/> have at least a 3.3 overall G.P.A.</li> <li><input type="checkbox"/> have at least a 3.5 G.P.A. in your completed mathematics courses. [Note: Some math-related courses may apply and some lower level mathematics courses may not apply.]</li> </ul>		<p><b>To apply, you must:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Complete this application form and it must be emailed or mailed by <b>Wednesday, March 3, 2021.</b></li> <li><input type="checkbox"/> Write your "student statement" (see page 2 of this form) and send it attached to this form, through email or mail by <b>Wednesday, March 3, 2021.</b></li> <li><input type="checkbox"/> If emailing application and student statement (as two separate attachments), please 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. For example for the student "John Smith" who is submitting his application: "smith_john_application.pdf"</li> <li><input type="checkbox"/> Request recommendation letters from <b>two instructors</b> (at least one mathematics instructor) from your school. Provide each with a recommendation letter form. Recommendations must be emailed or mailed by <b>Wednesday, March 3, 2021.</b></li> <li><input type="checkbox"/> Have your school mail your most up-to-date, official transcript, postmarked by <b>Wednesday, March 3, 2021.</b></li> <li><input type="checkbox"/> Any emailed forms must be received by 11:59pm on <b>Wednesday, March 3, 2021</b></li> </ul>
<p><b>Address all mail to:</b></p>	<p>Elizabeth McGrath          NYSMATYC Scholarship Committee Chair          SUNY Broome          Mathematics Department          PO Box 1017          Binghamton, NY 13905</p>	<p><b>Email Address:</b> mcgrathea@sunybroome.edu</p>

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 **Wednesday, March 3, 2021**

Math Instructor's Name: \_\_\_\_\_ Position/Title: \_\_\_\_\_

Math Instructor's College Address: \_\_\_\_\_

Math Instructor's Email Address: \_\_\_\_\_

2<sup>nd</sup> Instructor's Name: \_\_\_\_\_ Position/Title: \_\_\_\_\_

2<sup>nd</sup> Instructor's College Address: \_\_\_\_\_

2<sup>nd</sup> 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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