NEW YORK STATE MATHEMATICS ASSOCIATION
OF TWO-YEAR COLLEGES

APPLICATION FOR MATHEMATICS AWARDS

To meet minimum eligibility for an award, you must:	***To apply, you must:***
☐ have been enrolled in a two-year college during the 2016-2017 academic year ☐ expect to transfer to a bachelor's degree granting institution during the 2016-17 or 2017-18 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. [Note: Some math-related courses may apply and some lower level mathematics courses may not apply.]	☐ complete this application form and send it postmarked by **February 17, 2017**. ☐ write your "student statement" (see page 2 of this form) and send it attached to this form, postmarked by **February 17, 2017.** ☐ request recommendation letters from **two instructors** (at least one mathematics instructor) from your school. Provide each with a recommendation letter form. Recommendations must be postmarked by **February 17, 2017.** ☐ have your school mail your most up-to-date, official transcript, postmarked by **February 17, 2017**.

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

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 **Feb. 17, 2017**.

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!

LETTER OF RECOMMENDATION FOR NYSMATYC SCHOLARSHIP

Dear Colleague: Please write an appraisal of the applicant's academic and personal qualities. A cursory "He/she was a great student" does not aid the judges when applicants have similar qualifications. Your revealing recommendation is very important to the judges. We hope you will discuss the student's special talents and characteristics, commitment to academic work and non-academic achievements. Please mention any specific events or circumstances that may have affected the applicant's performance.

Please mail recommendation directly to:

Patty Owens
NYSMATYC Scholarship Committee Chair
Onondaga Community College
Mathematics Department
4585 West Seneca Turnpike
Syracuse, NY 13215
owensp@sunyocc.edu (snail mail is preferred)
315-498-2894

Your letter must be postmarked on or before February 17, 2017 for consideration.

NAME OF STUDENT:_____

NAME OF COLLEGE:_____

How does this student compare with other students you have taught?

___ TOP 10% ___TOP 5% ___AMONG THE BEST YOU HAVE EVER TAUGHT

Your cooperation in returning this letter is essential since the student needs exactly two letters of recommendation. Failure to submit will seriously jeopardize the student's chances.

YOUR NAME :_____

TITLE:_____

YOUR E-MAIL ADDRESS:_____

_____
SIGNATURE

STATEMENT OF RECOMMENDATION: (Please attach a separate sheet.)

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