

APPLICATION FOR LONG ISLAND MATHEMATICS SCHOLARSHIP

The Long Island Mathematics Conference Board will award up to four \$1,500 scholarships to deserving Long Island students of African American, Native American or Non-European Hispanic American descent.

Applications will be accepted from students who have a cumulative “B” average or better and are seriously planning to major in mathematics at college.

Completed applications must be submitted by **Wednesday, January 16, 2019.**

A completed application must consist of the following:

1. Completed scholarship application form.
2. A one-page essay describing your interest in pursuing the study of mathematics at college. Include supporting evidence for your involvement and love of mathematics.
3. Two letters of recommendation. At least one of these letters must be from a teacher in the Mathematics Department
4. An official transcript including a list of all senior courses, first semester grades, SAT or ACT scores and AP test scores where applicable.
5. Have a school official sign to verify that you qualify for the award based on ethnicity.
6. Designate the mathematics teacher who has most influenced you in your study of mathematics and have this teacher fill in their part of the application to be submitted with your application packet.

All applications and correspondence should be sent via e-mail sent through an official e-mail address from the school to: Conference Board Scholarship Committee Chairperson, Bruce Waldner: bcwaldner@aol.com.

Please include all parts of the application when sending (transcripts, recommendations, etc.)

For additional applications, please make copies.

MATHEMATICS SCHOLARSHIP APPLICATION
(Please type or print clearly)

Name _____
 Last **First** **Middle**

Address _____
 Number **Street** **Apt.**

_____ **City** **State** **Zip**

Telephone _____ Social Security # _____

Email Address _____
(please note that winners of this scholarship may be notified by e-mail)

High School Name _____
(Please use the full official name of the school)

School Address _____
 Number **Street**

_____ **City** **State** **Zip**

School Telephone _____

List the names of the colleges or universities to which you have applied:

Institution

Address

(Continued on other side)

MATHEMATICS SCHOLARSHIP APPLICATION (Continued)

Describe all high school activities in which you have participated. Indicate any leadership role(s) that you have held.

List any honors or awards that you have received during your high school years (Grades 9—12).

List all courses in which you are currently enrolled.

Please check the ethnicity category that qualifies you for this scholarship:

African American

Non-European Hispanic American

Native American

Signature of Applicant _____

Signature of School Official _____

Title of School Official _____

Mathematics Teacher Form to Accompany Scholarship Application

To be completed by the mathematics teacher who has most influenced the scholarship applicant.

Congratulations, you have been selected as the mathematics teacher who most influenced the student who is bringing you this form. The scholarship committee, comprised of members of the Long Island Conference Board, asks that you provide a few pieces of information. If your student is selected to receive this scholarship, we ask that you attend the event at the Campus Center at SUNY Old Westbury on Friday, March 15, 2019. The presentation of this scholarship will take place during the introductory ceremonies for the Long Island Mathematics Conference, LIMACON. Traditionally, both the student scholarship winners and their teacher take part in this presentation. You are cordially invited to attend the conference as our guest. Please send in a completed registration form so that we may place you in the sessions that you would like to attend. You can download a copy of the brochure and the application form at www.LIMathConference.org.

Please provide contact information:

Student's Name _____

Teacher's Name: _____

School: _____

Year or years you taught this student: _____

Phone number: _____, circle one: school, cell, or home phone number

E-mail address _____