

**THE ASSOCIATION OF MATHEMATICS TEACHERS OF NEW JERSEY**

**SCHOLARSHIP APPLICATION – DEADLINE, MARCH 29, 2017**

NAME \_\_\_\_\_ BIRTHDATE \_\_\_\_\_ EMAIL \_\_\_\_\_

ADDRESS \_\_\_\_\_ HOME TELEPHONE # (\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_  
(Needed from finalists)

FATHER'S NAME \_\_\_\_\_ FATHER'S OCCUPATION \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_ MOTHER'S OCCUPATION \_\_\_\_\_

BROTHERS AND SISTERS (NAMES AND AGES): \_\_\_\_\_

\_\_\_\_\_

HIGHSCHOOL \_\_\_\_\_ TELEPHONE NUMBER (\_\_\_\_) \_\_\_\_\_

ADDRESS \_\_\_\_\_

CHOICE OF COLLEGE: #1. \_\_\_\_\_

#2. \_\_\_\_\_

#3. \_\_\_\_\_

EXTRACURRICULAR ACTIVITIES: \_\_\_\_\_

\_\_\_\_\_

COMMUNITY SERVICE ACTIVITIES: \_\_\_\_\_

\_\_\_\_\_

AWARDS AND HONORS: \_\_\_\_\_

\_\_\_\_\_

**PERSONAL ESSAYS:**

1. Submit a 500 word 12 point double spaced essay addressing why you wish to pursue a career in mathematics education. You may choose to include any special talent or ability or skill you possess which will help you become an effective teacher or you may include how one of your teachers has influenced your career goals.

2. Submit a brief paragraph explaining your need for financial aid.

This application must be accompanied by one official copy of your high school transcript through the first semester of the senior year, a copy of your scores on the SAT or the ACT, and exactly two letters of recommendation, one from an ACTIVE member of the Association of Mathematics Teachers of New Jersey. Each letter should be no more than one page. All information must be typewritten in an easy to read font. Handwritten applications cannot be accepted. Applications postmarked after the deadline, March 29, 2017 will not be accepted. Awardees will be introduced and award ceremony held during an AMTNJ Board of Trustees Meeting in May, 2017.

CERTIFICATION: By my signature, I certify that all of the information given by me on this form is true and complete to the best of my knowledge.

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE OF ACTIVE AMTNJ MEMBER

WRITING LETTER OF

RECOMMENDATION \_\_\_\_\_ PRINT NAME \_\_\_\_\_

RETURN BY MARCH 29, 2017 TO: AMTNJ Scholarship Committee, C/O Joan J. Vas, 10 Edgewater Dr, Matawan, NJ 07747  
LATE APPLICATIONS NOT ACCEPTED. TO ENSURE DELIVERY SEND "RETURN RECEIPT"