

THE ASSOCIATION OF MATHEMATICS TEACHERS OF NEW JERSEY

SCHOLARSHIP APPLICATION – DEADLINE, April 15, 2025

NAME _____ BIRTHDATE _____ EMAIL _____

ADDRESS _____ TELEPHONE # (____) _____

_____ SOCIAL SECURITY NUMBER _____
(Needed from finalists)

Parent/Guardian/Father's NAME _____ OCCUPATION _____

Parent/Guardian/Mother's NAME _____ 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 three letters of recommendation, one from an ACTIVE member of the Association of Mathematics Teachers of New Jersey and one from one of your high school math teachers. Each letter should be no more than one page and signed. All information must be typewritten in an easy-to-read font. Handwritten applications cannot be accepted. Applications postmarked after the deadline, April 15, 2025 will not be accepted. Awardees will be introduced and award ceremony held during an AMTNJ Board of Trustees Meeting in May, 2025.

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 April 15, 2025 TO: AMTNJ , C/O Joan J. Vas, 10 Edgewater Dr, Matawan, NJ 07747

LATE APPLICATIONS NOT ACCEPTED. TO ENSURE DELIVERY SEND "RETURN RECEIPT"