

SCCTM Educator's Scholarship Program

The **Educator's Scholarship** of the South Carolina Council of Teachers of Mathematics (SCCTM), established in memory of deceased SCCTM members, provides financial assistance of \$1,500 annually to a teacher pursuing an advanced degree in mathematics, mathematics education, or elementary education with an emphasis in mathematics.

Requirements for Eligibility:

To be eligible for this award, an educator must:

1. Have been a member of SCCTM for the past two years;
2. Possess a valid SC teaching certificate and be currently employed by a South Carolina school;
3. Have completed at least two years teaching elementary, middle, or secondary mathematics in South Carolina;
4. Be committed to teaching mathematics at the elementary, middle, or secondary level in South Carolina;
5. Be accepted in a graduate program leading to an advanced degree in mathematics or mathematics education, or an advanced degree in elementary education that contains at least 9 graduate hours in mathematics or mathematics methods;
6. Submit each of the following:
 - a. A completed application form (attached);
 - b. Three typed letters of recommendation addressing the applicant's professional experience and potential as a mathematics teacher, one of which *must* be from the principal of the school by which the applicant is currently employed;
 - c. Transcript(s) of undergraduate and graduate courses completed;
 - d. A statement describing the applicant's professional development goals as they relate to mathematics education;
 - e. Verification of acceptance into a graduate program leading to an advanced degree in mathematics, mathematics education, or elementary education with an emphasis in mathematics (see 5 above); and
 - f. A timetable outlining the program of study planned for completion of the advanced degree.

**Application materials must be mailed on or before July 1, 2006 to Ms. Ann Harper
1172 Crab Walk, Charleston, SC 29412 .**



South Carolina Council of Teachers of Mathematics

Educator's Scholarship Application

PRINT or **TYPE** (attach additional sheets, if necessary).

1. Name _____
2. School District of Employment _____
3. Social Security Number _____ SCCTM Membership Number _____
4. School Address _____
_____ School Telephone _____
5. Home Address _____

E-mail Address _____ Home Telephone _____
6. Service and/or professional organizations to which you belong. _____

7. Leadership and/or community service activities. _____

8. Honors and awards. _____

9. Educational background: List institutions attended, dates of attendance, and degrees received or credits earned.

10. Relevant employment history: List (in reverse chronological order) professional positions held, responsibilities, and dates of employment.

11. List three educators whom you have asked to submit letters of recommendation.

1. _____
2. _____
3. _____

12. Attach a statement describing your professional development goals as they relate to mathematics education.

13. Attach a copy of your letter of acceptance into a graduate program leading to an advanced degree in mathematics or mathematics education, or in elementary education with at least 9 graduate hours in mathematics or mathematics methods; or a letter from your academic advisor in the graduate program that indicates your enrollment in a such a program of study.

14. Attach a timetable outlining the program of study planned for completion of the advanced degree.

Signature: _____ Date: _____