

~~South Carolina~~
**Council of Teachers
of Mathematics**



Scholarship Program

The SCCTM Scholarship Program provides financial assistance to deserving preservice teachers who express their intention to specialize in the teaching of mathematics.

Requirements for Eligibility

The student must:

1. be enrolled in student teaching within one academic year of scholarship application at a South Carolina college or university that is approved by the South Carolina Department of Education to prepare to teach in pre-kindergarten through Grade 12;
2. be committed to mathematics teaching in grades PK – 12 in South Carolina;
3. have a cumulative grade point average of 3.0 or equivalent;
4. have a cumulative grade point average of 3.0 or equivalent for all mathematics courses with a minimum of twelve semester hours of mathematics taken;
5. submit each of the following:
 - a. a completed application (form attached);
 - b. two (2) one-page, typed letters of recommendation from college/university faculty members or other educators;
 - c. a verification of student teaching from the college or university coordinator confirming the term of student teaching (form attached);
 - d. a college transcript;
 - e. a statement of 100 words or less that indicates the student's commitment to teaching mathematics;

Mail the items listed in #5 on or before **July 1, 2006** to **Ms. Ann Harper, Chair, SCCTM Scholarship Committee, 1172 Crab Walk Charleston, SC 29412** .



South Carolina Council of Teachers of Mathematics

Scholarship Application

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

1. Name _____
2. Name of College or University _____
3. Social Security Number _____
4. Home Address _____
_____ Home Telephone _____
5. School Address _____
_____ School Telephone _____
6. Expected Graduation Date _____
7. List service and/or professional organizations to which you belong. _____

8. List your leadership and/or community service activities. _____

9. List honors and awards that you have received. _____

10. List any other scholarships that you now hold. _____

11. List two college/university faculty members or other educators who will submit one page, typed letters of recommendation for you.
1. _____ 2. _____
12. Attach a statement of 100 words or less that indicates your commitment to teaching mathematics.

Signature: _____ Date: _____



Verification of Student Teaching

I verify that _____ has applied for student teaching and, to the best of my knowledge, will student teach during the Fall 20____ or Spring 20____ term.

Coordinator of Student Teaching:

Name: _____

Title: _____

Address: _____

Signature: _____

Date: _____