

**Category C or D**  
**CMC-S Application For Scholarship Or Grant**

*Must be typed or word-processed. Best: use Acrobat Reader to enter information then Print.  
Print an extra copy for your records as you cannot save the changes you make to this form.*

Date: \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle Social Security Number

Permanent Home Address

\_\_\_\_\_ Street City Zip Phone

**Teaching Experience:**

School	District	Grade Level	Dates
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Clear Credential(s) Held:

**Other Professional and Relevant Work Experience:**

Professional Organizations: (membership and offices held):

CMC Membership Number \_\_\_\_\_ and Expiration Date: \_\_\_\_\_ (see *ComMuniCator* label)

Awards, Honors, Grants:

Publications:

Community Involvement:

## **Proposal for Professional Growth or Inservice Grant (Category C)**

Describe on separate typed or word processed page(s) your proposal for professional growth and include responses to each of the following:

1. Title and description of proposal.
2. Purpose.
3. Benefits to mathematics education.
4. Proposed time frame and estimated date of completion.
5. Proposed costs.
6. Involvement of other faculty or agencies.
7. How grant funds will aid the implementation of your proposal.
8. Any other pertinent data.

## **Proposal for Professional Scholarship (Category D)**

Please include a separate typed or word-processed page that lists the following:

1. Your educational goals.
2. College(s) you plan to attend and classes you plan to take.
3. Estimated costs.

In addition, please complete the form on the following page.

**Category D  
Confirmation Of Teaching Program**

Name of Applicant \_\_\_\_\_

**Current Teaching Schedule:**

Institution	Course (s)	Hours per week
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Probable Teaching Schedule for Next Year**

Institution	Course (s)	Hours per week
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**I verify the above.**

Signed \_\_\_\_\_ Type name \_\_\_\_\_ Date \_\_\_\_\_

School \_\_\_\_\_ Address \_\_\_\_\_

Position (title) \_\_\_\_\_ Phone ( ) \_\_\_\_\_

## Necessary Forms Check-off List

**These must be included or application will *not* be read.**

### Category C or D

- \_\_\_\_\_ Application for people in category C or D.
- \_\_\_\_\_ (C) Proposal for professional growth in the teaching of mathematics.  
OR
- \_\_\_\_\_ (D) Proposal for course of study.
- \_\_\_\_\_ Two recommendations, using enclosed forms only. (See final page of application). One must be from a school *administrator* (not the department chair) and the other of the applicant's choice.

**For all categories, five collated and stapled copies of the complete application packet must be submitted.**

## Scholarship Or Grant Recommendation (for all categories).

*(Note: this form should be photocopied as needed. Three copies are needed by applicants in categories A and B, two forms are needed by applicants in categories C and D).*

\_\_\_\_\_ (applicant) is applying for a scholarship or a grant. Please assist the CMC-S Scholarship Committee by completing this form.

**(For Your Information: With the passage of the Family Education Rights and Privacy Act of 1974, this recommendation is no longer confidential.)**

***PLEASE COMPLETE AND RETURN TO APPLICANT AS SOON AS POSSIBLE.***

How long have you known this applicant? \_\_\_\_\_ In what capacity? \_\_\_\_\_

	Excellent	Good	Average	Poor	No Knowledge
Academic Performance					
Creativity					
Maturity					
Concern for Others					
Seriousness of Purpose					
Industry					
Initiative					

**Additional Comments:** Please type or word process. If desired, comments can be given on a separate piece of paper.

Signed \_\_\_\_\_ **Type or print name clearly** \_\_\_\_\_ Date \_\_\_\_\_

School \_\_\_\_\_ Address \_\_\_\_\_

Position \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
**(Title and Department)**