

The Association of Teachers of Mathematics in Massachusetts



Association of Teachers of Mathematics in Massachusetts Service Award Nomination

Please fill in each area.

Please check one: Vocational, Technical, Agricultural School Non-Voc/tech High School

Student's Name: _____

Student Gender _____

Home Address: _____

(Town)

(State)

(ZIP)

(Phone)

E-mail Address: _____

School Name: _____

School Address: _____

(Town)

(State)

(ZIP)

(Phone)

Principal's Name: _____

Local Newspaper Name and Address: _____

Name of School Staff Member completing this form _____

Title _____

Email address _____

Phone Number _____

Date _____

Signature _____

Affiliate of the **A**ssociation of **T**eachers of **M**athematics in **N**ew **E**ngland (ATMNE)
and the **N**ational **C**ouncil of **T**eachers of **M**athematics (NCTM)

I. In the space below, describe in detail why this nominee deserves special recognition in a service related activity within the field of mathematics. The activity will be judged on its uniqueness, student initiation, usefulness, impact on the entire school population and thoroughness. Do not write – "See attached sheet."

II. **Honors/Awards/Achievements:** In the space below, list (1) any mathematics exhibitions or fairs in which the student has participated; (2) any special recognition earned as a result of outstanding service in a mathematics related activity. Include any special project(s) with which the student has been involved as well as its effectiveness or impact on the school or community. Do not write – "See attached sheet."

III. List the mathematics courses that the applicant has taken and the final or latest grade received.

Year	Course	Grade	Year	Course	Grade

Please list the highest-level math course offered at your school: _____

IV. Standardized Test Scores (Math only)

SAT Score(s): _____ ACT Score(s) _____

IB Score(s) _____ PSAT Score(s): _____

SAT II Level I Score: _____ SAT II Level II Score : _____

Advanced Placement:

AB Calculus: _____ BC Calculus: _____

Statistics _____ Economics _____

IV. If there is anything else you believe we should know about this applicant that is not captured in this application and supporting documents, please provide the details below.

V. Please submit the student's resume or like document with this application form as a Word or PDF file.

Please return application and supporting documents in a single email by **Saturday, March 10, 2018** to: atmimscholarship@gmail.com