

# ILLINOIS COUNCIL OF TEACHERS OF MATHEMATICS SCHOLARSHIP IN MATHEMATICS EDUCATION APPLICATION



The ILLINOIS COUNCIL OF TEACHERS OF MATHEMATICS will be presenting its twenty-third annual Scholarships in Mathematics Education in October of 2018 at the ICTM Annual Meeting.

There will be a minimum of 2 and a maximum of 5 awards granted of **\$1500.00** to help defray educational expenses of the recipients.

To be eligible, a student must:

1. Be enrolled in an accredited university or college in Illinois during Spring 2018.
2. Have junior or senior status as of Spring 2018 with graduation during May 2018 or later and must be working on his/her first bachelor's degree.
3. Be a mathematics education major, a mathematics major with an education minor, or an education major with an official mathematics emphasis.
4. Have a total over all GPA of at least 3.00 from all colleges attended (based on 4.00).
5. Intend to teach in Illinois.
6. Submit the following:
  - A. A completed ICTM scholarship application form.
  - B. Transcripts from ALL COLLEGES ATTENDED (these may be student copies).
  - C. Letters of recommendation from two mathematics teachers, high school or college. These letters must state the capacity in which the writer knew the applicant and address his/her potential as a mathematics teacher.
  - D. Two 200-300 word essays as requested below.
  - E. A completed lesson planning form which is attached.

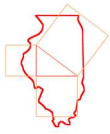
PAPER CLIP, DO NOT STAPLE PARTS OF THE PACKET

Students can request application forms from their mathematics education department or write to:

Sue and Randy Phippen  
ICTM Scholarship  
24807 Winterberry Lane  
Plainfield, IL 60585

The application is also available online at [www.ictm.org](http://www.ictm.org) under the Scholarship tab. Forms can be completed electronically and emailed to [surandan@aol.com](mailto:surandan@aol.com). Letters and other documents may still be mailed to our address above, preferably in one envelope.

The completed application forms must be received in one mailing and must be postmarked on or before **March 6, 2018**. The recipients of the scholarship awards will be announced in June 2018 and awarded at the October 2018 Annual ICTM Awards Reception.



**ILLINOIS COUNCIL OF TEACHERS OF MATHEMATICS  
SCHOLARSHIP IN MATHEMATICS EDUCATION APPLICATION**



Complete in electronic form the answers to the following (you may use more than one page):

NAME: \_\_\_\_\_  
                        Last  First  Middle

PERMANENT ADDRESS: \_\_\_\_\_  
  Street

\_\_\_\_\_

                        City  State                        Zip

COLLEGE EMAIL ADDRESS: \_\_\_\_\_

PERSONAL EMAIL ADDRESS: \_\_\_\_\_

HOME OR CELL PHONE: \_\_\_\_\_

SCHOOL PHONE: \_\_\_\_\_

ILLINOIS COLLEGE CURRENTLY ATTENDING: \_\_\_\_\_

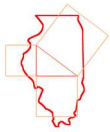
OTHER COLLEGES ATTENDED: \_\_\_\_\_

MAJOR \_\_\_\_\_

ICTM STUDENT MEMBER:      Yes    No

YEAR IN COLLEGE: \_\_\_\_\_                          G.P.A. (ALL COLLEGES): \_\_\_\_\_

WORK EXPERIENCE:



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EXTRACURRICULAR ACTIVITIES RELATED TO MATHEMATICS and/or TEACHING:

OTHER EXTRACURRICULAR ACTIVITIES:

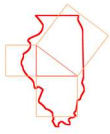
To apply, you must have junior or senior status with a graduation date of May 2018 or later, and be enrolled at an accredited university or college in Illinois during Spring 2018 with an intent to teach in Illinois. You must have a GPA of 3.00 (4.00 scale) or better from all colleges attended and be either a mathematics major with an education minor, a mathematics education major, or an education major with an official mathematics emphasis. You must be working toward your first bachelor's degree.

You must return the above application with the following:

- \* transcripts from all colleges attended (official or unofficial)
- \* two letters of recommendation from mathematics teachers from high school or college
- \* Two 200-300 word essays as described below.
- \* a completed lesson planning form as described below.
- \* some verification of the above designated status and major (e.g. letter from advisor, copy of registration materials, etc.)

Application must be postmarked by **March 6, 2018**.

Send to **Sue and Randy Pippen, ICTM Scholarship, 24807 Winterberry Lane, Plainfield, IL. 60585**

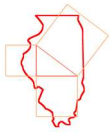


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**APPLICANT ESSAYS**

1) Compose a 200-300 word essay on why you wish to teach mathematics and what you see as your contribution to the mathematics education profession locally, statewide and/or nationally, during the next two years and into the future.



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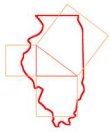
2) Compose another 200-300 word essay choosing from one of the prompts below:

- Share information about a time that you failed to reach a goal you were striving for and what your next steps were.
- Describe a time when you worked with a group of people (3 or more) to accomplish a shared goal and what you learned from that experience.
- As our classrooms are changing demographically, describe ways in which classrooms can be differentiated to meet the variety of learning needs of the ever changing population.

Applicant Name: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

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



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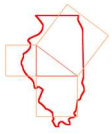
## LESSON PLANNING PAGE 1

Choose a mathematical topic and grade level and think of how you would structure one lesson within one unit. Then describe the lesson from beginning to end in two pages or less size 11 font or larger. **Extra pages will not be evaluated (they will be removed from the packet)**. Please be specific as to what you would use for problems, prompts, and questions. Describe the flow of the lesson and the learning goals beyond the Common Core Standards.

Topic: \_\_\_\_\_ Grade Level: \_\_\_\_\_

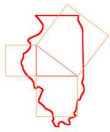
State Learning Standard(s): \_\_\_\_\_

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



**LESSON PLANNING PAGE 2**

A large, empty rectangular box intended for lesson planning.



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**LETTER OF RECOMMENDATION 1**

Applicant Name: \_\_\_\_\_

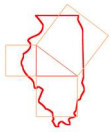
Directions: Please type. Include how long and under what circumstances you have known the applicant. Please comment on the person's potential as a mathematics teacher. You do not have to use this form. Please include the information below and limit the letter to one page in size 11 font or larger.

Name/Title: \_\_\_\_\_

Address: \_\_\_\_\_

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





**ILLINOIS COUNCIL OF TEACHERS OF MATHEMATICS  
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**LETTER OF RECOMMENDATION 2**

Applicant Name: \_\_\_\_\_

Directions: Please type. Include how long and under what circumstances you have known the applicant. Please comment on the person's potential as a mathematics teacher. You do not have to use this form. Please include the information below and limit the letter to one page in size 11 font or larger.

Name/Title: \_\_\_\_\_

Address: \_\_\_\_\_

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