

MathMovesU Middle School

Scholarship and Grant Program

"How does MATH put the action in your passion?"



TYPE OR PRINT ALL INFORMATION EXCEPT SIGNATURES

Completeness and neatness ensure your application will be reviewed properly.

Postmark deadline January 15, 2011

FOR
SCHOLARSHIP
MANAGEMENT
SERVICES
USE ONLY

I.D. #	MP	VR	TOTAL

APPLICANT
DATA

Last Name _____ First _____ Middle _____

Parents'/Guardians' Last Name(s) _____ First Name(s) _____

Permanent Home

Mailing Address _____ Apartment # _____

City _____ State _____ ZIP Code _____

Telephone (_____) _____ Email Address _____

Date of Birth: Month _____ Day _____ Year _____ Please indicate your gender: Male FemaleCurrent grade level in school: 6 7 8 Other (explain): _____MIDDLE
SCHOOL
DATA

I attend: (School Name) _____

School's Street Address _____

City _____ State _____ ZIP Code _____

Telephone (_____) _____ High School Graduation Date: Month _____ Year _____

Principal (Mr./Ms./Dr., First Name, Last Name) _____

MATH
PROJECT

Create a multimedia or paper submission illustrating the importance of math in the hobby/sport/subject/activity you care about the most. Specifically address "How does MATH put the action in your passion?". Project submissions are limited to the following formats. Please check the format of your submission.

- Paper (double spaced using a minimum of 11 point font and not exceeding five pages)
 Poster PowerPoint on CD or flash drive MediaBlender on CD or flash drive

Only one project per CD or flash drive.

ACCESS

How did you learn about this scholarship?

- School/Teacher Friend/Family Member Newspaper (name): _____
 MathMovesU website MATHCOUNTS® Internet (website): _____
 Magazine (name): _____ Other _____

APPLICATION
CHECKLIST

The student is responsible for submitting all materials to Scholarship Management Services on time. Incomplete applications will not be evaluated. This application becomes complete and valid only when all of the following materials have been received:

- Student Application
 Math Project (one project per CD/flash drive)
 Math Professional Verification Form

All materials must be addressed to:

MathMovesU Middle School Scholarship and Grant Program
 Scholarship Management Services
 One Scholarship Way
 Saint Peter, MN 56082

Postmark deadline January 15, 2011

CERTIFICATION

Scholarship Management Services has the sole responsibility for selecting recipients based on criteria as set forth in the program's description. The application and project become the property of Scholarship Management Services. (It is recommended you keep a copy for your files.)

I acknowledge decisions are final. I certify I meet eligibility requirements of the program as described in the guidelines and the information provided is complete and accurate to the best of my knowledge. If requested, I will provide proof of information I have given on this application. Falsification of information may result in termination of any award granted.

Student Signature _____ Date _____

I acknowledge that I have read and understand the rules of this program. I have agreed to allow my child to participate.

Parent/Guardian Signature _____ Date _____

MathMovesU Middle School Scholarship and Grant Program

"How does MATH put the action in your passion?"



PUBLICITY RELEASE

Must be Signed by Applicant and Parent(s)

If I am selected as a recipient, I hereby grant to Raytheon Company the use any time in connection with or as part of any advertising, publicity, promotion or media whatsoever, whether now existing or hereafter developed, complete permission to use, display, reproduce and distribute my name, photograph, likeness, biographical material, application, math project, or any combination of these, all without further compensation or notification. I further acknowledge that Raytheon Company is not under any obligation to undertake any such advertising, publicity or promotional activity.

I hereby release, discharge, and absolve Raytheon Company from any and all actions, suits, claims and demands of any kind whatsoever which I, my parents or legal guardians or my successors had, now have, or hereafter may have by any matter connected in any way with MathMovesU Middle School Scholarship and Grant Program, including but not limited to, the operation of the scholarship program, the awarding, acceptance or use of the scholarship, or the use of my name, likeness, biographical material or application information.

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

MathMovesU Middle School Scholarship and Grant Program



"How does MATH put the action in your passion?"

Math Professional Verification Form

Applicant's Last Name _____ First _____ Middle _____

Parents'/Guardians' Last Name(s) _____ First Name(s) _____

Permanent Home Mailing Address _____ Apartment # _____

City _____ State _____ ZIP Code _____

To the Student Applicant:

Print this page, complete the above portion and provide to your chosen math professional (teacher, math team coach, etc). This information is **required** and must be completed in the format provided below. If incomplete, your application will not be evaluated. Mail the completed form to Scholarship Management Services along with your completed application postmarked no later than **January 15, 2011**.

To the Math Professional:

You have been asked to provide information in support of this application. Your immediate attention is appreciated. When complete, please return the form to the applicant. A letter of recommendation or other written verification does not replace this form.

I attest that the multimedia or paper submission illustrating the importance of math in the hobby/sport/subject/activity of the above named applicant is indeed the original work of the applicant.

Please rate the student by considering the following statements.

The appropriateness of the applicant's selection of a project in relation to his/her abilities and interests	<input type="checkbox"/> extraordinary	<input type="checkbox"/> above average	<input type="checkbox"/> average	<input type="checkbox"/> below average	<input type="checkbox"/> unsatisfactory
Quality of project in relation to grade level expectations	<input type="checkbox"/> extraordinary	<input type="checkbox"/> above average	<input type="checkbox"/> average	<input type="checkbox"/> below average	<input type="checkbox"/> unsatisfactory
The applicant's time commitment to complete the project	<input type="checkbox"/> extraordinary	<input type="checkbox"/> above average	<input type="checkbox"/> average	<input type="checkbox"/> below average	<input type="checkbox"/> unsatisfactory
The applicant's enthusiasm for learning new skills applicable to his/her project	<input type="checkbox"/> extraordinary	<input type="checkbox"/> above average	<input type="checkbox"/> average	<input type="checkbox"/> below average	<input type="checkbox"/> unsatisfactory
The accuracy and validity of the math equations used in the applicant's project	<input type="checkbox"/> extraordinary	<input type="checkbox"/> above average	<input type="checkbox"/> average	<input type="checkbox"/> below average	<input type="checkbox"/> unsatisfactory
The new skills and insights learned by doing the project will be beneficial to the applicant in the future	<input type="checkbox"/> extraordinary	<input type="checkbox"/> above average	<input type="checkbox"/> average	<input type="checkbox"/> below average	<input type="checkbox"/> unsatisfactory

Comments: _____

Math Professional's Name (print) _____ Title _____

Phone (_____) _____ Email _____

Name of School/Organization _____ State _____ ZIP Code _____

Signature _____ Date _____