

Department of Mathematics Scholarship Award Application

The Dr. Barnett and Jean Hollander **UNDERGRADUATE** Rich Mathematics Scholarship

We expect to make multiple awards in the amount of \$8,000, pending currently financial aid and cost of attendance limit set by CCNY, for the academic year 2018 – 19.

Please review the following table of requirements for each award.

Eligibility:

1. Minimum GPA of 3.0, preferred GPA of 3.5 or higher in MATH 20100, 202000, 20300 or the equivalent.
2. Overall GPA of 3.0 or higher and at least 60 credits by 09/2018.
3. Two letters of recommendation from CCNY faculty, at least one of who must be from the Dept. of Mathematics.
4. Declared major in mathematics or a related field (Engineering, science, economics) with a minor in mathematics (Evidenced by appropriate registration)
5. Full-time status required in the academic year 2018-19
6. Evidence of Financial need (See the application below)

Application Deadline: April 20, 2018

Application Checklist:

1. Complete the attached Rich Application Information Form and the Financial Need Certification Form.
2. Submit transcripts (student copies are acceptable) from all colleges or universities you have attended.
3. Give the attached Rich Scholarship Recommendation Form to your faculty references.
 4. By the application deadline, mail or bring the Application Form, financial need documentation if needed, and all transcripts to the

*Mathematics Department Scholarship Committee
Department of Mathematics, NAC 8133
The City College of New York
New York, NY 10031*

Additional copies of this form are available from the Mathematics Department or at:

<http://math.sci.ccny.cuny.edu> .

Inquiries about the Rich Scholarship or the application process should be sent to jredman@ccny.cuny.edu.

Rich Scholarship Application Information Form

Last Name: _____ **First Name** _____
 (print) (print)

EMPL ID: _____

Mailing Address: _____

Phone: _____ **e-mail:** (print) _____

Institutions Attended: List all Colleges or Universities you have attended, with the dates of your attendance. You must submit transcripts (student copies acceptable) from each institution:

<i>Name of Institution</i>	<i>Dates Attended</i>

References: Names and Departments of two City College faculty who will write recommendations. At least one must be from the Mathematics Department.

<i>Name</i>	<i>Department</i>

Certification of Need

I am currently receiving financial aid (Pell, TAP, subsidized student loan): Yes: _____ No: _____

If you answered “Yes”, you have satisfied the need certification for the Rich scholarship. Please submit a copy of your Student Aid Report (SAR) for 2018-2019 or 2017-2018.

If you answered “No”, you must fill out the Financial Need Certification Form provided below and submit it with this application.

Signature: _____ **Date:** _____

Return to: *Mathematics Department Scholarship Committee, 160 Convent Avenue, NAC 8133, The City College of New York, New York, NY 10031*

Department of Mathematics
Rich Scholarship Recommendation Form

Recommendation for: (Name of Student) _____

To the Student: I am aware of the rights afforded to me by the Federal Education Rights and privacy Act of 1974, as amended. I hereby _____ do _____ do not waive my right to examine the contents of this reference. I understand that by waiving my right I do so under the condition that the reference is used solely for the purpose for which it is requested.

Date: _____ Applicant's Signature: _____

To the Evaluator: The Rich Scholarship is awarded in the amount of \$8,000 to students who have demonstrated superior ability and interest in mathematics or a math related field. The scholarship committee would appreciate your evaluation of the applicant's mathematical abilities, commitment to a career in a field requiring advanced study of mathematics, as well as other personal or intellectual characteristics that might assist the committee in its selection. (Attach additional sheets if necessary.)

Please return this recommendation by **April 20, 2018** to:

*Mathematics Department Scholarship Committee
160 Convent Avenue, NAC 8133
The City College of New York
New York, NY 10031*

Name of Evaluator: _____
(print)

Signature: _____ **Date:** _____

Department of Mathematics
Rich Scholarship Recommendation Form

Recommendation for: (Name of Student) _____

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Date: _____ Applicant's Signature: _____

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Please return this recommendation by **April 20, 2018** to:

*Mathematics Department Scholarship Committee
160 Convent Avenue, NAC 8133
The City College of New York
New York, NY 10031*

Name of Evaluator: _____
(print)

Signature: _____ **Date:** _____

Department of Mathematics

Rich Scholarship Financial Need Certification Form

Instructions: You must complete this form only if you answered “No” to the need certification question on the Application Information Form.

1. Name: (Last) _____ (First) _____

2. Dependent of Parent(s): Yes: _____ No: _____ If “Yes”, provide all information below in column B for the parent(s) who claim you as a dependent.

Your household: If you are a dependent of your parent(s), *your household* consists of your parent(s) and all their legal dependents. If you are not a dependent of either of your parents, *your household* consists of you, your spouse (if applicable), and any of your legal dependents, such as children for whom you provide more than half the support.

3. Number of persons in your household, as defined above (include yourself): _____

4. Number of persons in your household (including yourself), who will be **attending a college** or university **full-time** in the academic year 2018 –2019: _____

5. New York State Residence Status: In the academic year 2018 – 2019, will you qualify for tuition based on New York State Residency? Yes: _____ No: _____

In the table below, income figures should be based on Federal Tax returns for the year 2017, if available. If a return for 2016 has not yet been filed, then you may use figures from 2016. If you (or your parents, if you are a dependent) were required to file a return, a signed copy of the return must be included with this application.

6. Income figures based on 2016 _____ 2017 _____	(A) You & Spouse (if applicable)	(B) Parent(s) (only if you are a dependent)
7. Your age, spouse's and parents', if applicable.	You: _____ Spouse: _____	Parent 1: _____ Parent 2: _____
8. Employment status in 2017. Check “Y” if employed full- time.	You: Y _____ N _____ Spouse: Y _____ N _____	Parent 1: Y _____ N _____ Parent 2: Y _____ N _____
9. If tax filer, Adjusted Gross Income (AGI) from Federal Tax return	(combined AGI)	(combined AGI)

10. Income earned from wages (whether or not you were required to file a Federal Tax return)	(combined wage income)	(combined wage income)
11. Other non-taxable income (e.g. child support, non-taxable social security payments, scholarships)		
12. Cash Assets (e.g. savings accounts, securities. Do not include the value of any property you or your parents own.)		
13. Federal Income Taxes paid in year checked in box 6.	(combined taxes)	(combined taxes)

Make sure you have answered all questions relevant to your status, including information on parents, if you are a dependent. Be sure to include signed copies of all Federal Tax returns for 2017 (or 2016), including W-2 forms, to verify income statements for you, your spouse and parents, if you are considered a dependent.

Return this form, **signed below**, together with all supporting documentation and the Application Information Form and transcripts to

*Mathematics Department Scholarship Committee
 160 Convent Avenue, NAC 8133
 The City College of New York
 New York, NY 10031*

 I affirm to the best of my knowledge that the financial information provided above is complete and accurate.

Signature: _____

Date: _____