Department of Mathematics Scholarship Award Application

The Dr. Barnett and Jean Hollander GRADUATE Rich Mathematics Scholarship

**Award:** Full tuition for the academic year 2024 – 2025.

The award amount depends on the submission and calculations of your FAFSA and Cost of Attendance (COA). If your Estimated Financial Aid Budget/COA for the year is large enough, you will receive the maximum scholarship to pay your tuition. The amount of the scholarship (if awarded) may be adjusted accordingly if a student does not maintain the minimum enrollment in two courses that count towards the Master’s degree at any time during the 2024-2025 academic year.

**Requirements:**

1. Unconditional matriculation into CCNY Math Master's program by commencement date of the scholarship.
2. Have a cumulative grade point average of 3.5 or higher in all courses completed by the beginning of the 2024-2025 academic year whose credits count towards the Master’s degree.
3. Two letters of recommendation from CCNY faculty, at least one of whom must be from the Department of Mathematics.
4. Enrollment in at least two courses per term will be required in the coming academic year.

**Application Deadline:** April 12th, 2024

**To Apply:**

1. By the application deadline, complete and submit the attached Rich Graduate Scholarship Application Information Form along with the required documents, to George Brathwaite. You can email him the form at gbrathwaite@ccny.cuny.edu.
2. Give the attached Rich Graduate Scholarship Recommendation Form to each of your faculty referees, after filling out the top portion and signing it yourself.

Additional copies of the application may be obtained from Mathematics Department website [http://math.sci.ccny.cuny.edu](http://math.sci.ccny.cuny.edu). Inquiries about the Rich Graduate Scholarship or the application process should be sent to gbrathwaite@ccny.cuny.edu.
Rich Graduate Scholarship Application Information Form

Last Name: ____________________________  First Name: ____________________________

(print)  (print)

EMPL ID: ____________________________

Mailing Address: ________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

Phone: ____________________________ e-mail: ____________________________

(print)

References: Names of two City College Mathematics Department faculty who will write recommendations.

1. __________________________________________
2. __________________________________________

Personal Statement: Please describe your career and/or educational goals after completing the Master’s degree. (Attach additional sheets, if necessary)

Signature: ________________________________  Date: ________________________________

Return to: George Brathwaite (gbrathwaite@ccny.cuny.edu) by email.
Department of Mathematics  
Rich Graduate 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 a full tuition award to a student enrolled in the graduate Master’s program in Mathematics at the City College who has demonstrated superior ability in his or her study of mathematics. The scholarship committee would appreciate your evaluation of the applicant's mathematical abilities, commitment to a career 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 12\(^{th}\), 2024 to George Brathwaite at gbrathwaite@ccny.cuny.edu. You may also submit this form in person by visiting the Math Department in the Marshak building, room MR 529. 

**Name of Evaluator:** ___________________________________  
(print)  

Signature: ___________________________________  Date: _______________________