

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 \$7,000, depending on availability of funds, current financial aid, and cost of attendance limit set by CCNY, for the academic year 2024 – 2025.

Requirements:

1. Minimum math GPA of 3.0, 3.5 or higher preferred.
2. Completion of MATH 20100, 21200, 21300 or three semesters of similar courses in Calculus and Analytic Geometry.
3. Overall GPA of 3.0 or higher and at least 60 credits completed by the beginning of the 2024-25 academic year.
4. Two letters of recommendation from CCNY faculty, at least one of whom must be from the Department of Mathematics.
5. Declared major in mathematics, or a major in a related field (engineering, science, economics) with a minor in mathematics, evidenced by appropriate registration.
6. Evidence of financial need (see the application below).
7. Full-time status required in the academic year 2024-2025.

Application Deadline: April 12th, 2024

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 after filling out the top portion and signing it yourself.
4. By the application deadline, email the Application Form, along with any required financial need documentation and all transcripts, to George Brathwaite at gbrathwaite@ccny.cuny.edu.

Additional copies of this form are available at: <http://math.sci.cuny.cuny.edu> .

Inquiries about the Rich Scholarship or the application process should be sent to gbrathwaite@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 2022-2023 or 2023-2024.

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 George Brathwaite at gbrathwaite@ccny.cuny.edu

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 2024 –2025: _____

5. New York State Residence Status: In the academic year 2024 – 2025, 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 2023, if available. If a return for 2023 has not yet been filed, then you may use figures from 2022. 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 2022 _____ 2023 _____	(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 2023. 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 2023 (or 2022), 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

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

Signature: _____

Date: _____

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 \$7,000 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 12th, 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:** _____

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 Scholarships is awarded in the amount of \$7,000 to undergraduate 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 12th, 2023 to George Brathwaite at gbrathwaite@ccny.cuny.edu. You may also email George Brathwaite directly instead of submitting this form.

Name of Evaluator: _____
(print)

Signature: _____ **Date:** _____