

Teachers of Mathematics Scholarship Application

Name: _____ Date: _____

Address: _____

Telephone: _____

Email: _____

UNO Graduate Status: Admitted _____ Applied _____
(Date) (Date)

Education

List below the degrees you have earned.

Degree	Institution	Date

Please attach a copy of all official college transcripts.

Teaching Experience

Attach a list of mathematics courses taught, institution(s), and dates.

Relevant Activities and Notable Achievements

Provide as an attachment an account of activities and achievements.

Briefly explain your future teaching plans.

Attach a brief summary of your future teaching plans.

Send complete applications to:

**Debbie Challman
Academic Coordinator
Mathematics Department
DSC 204
6001 Dodge Street
Omaha, NE 68182**