

Teachers of Mathematics Scholarship Application

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email: _____

UNO Graduate Status: ☐ Admitted ☐ Applied Date: _____

Program: _____
Example: MS in Math, MA in Math, MS in Secondary Education, or MAT

Education

List below the degrees you have earned.

Degree	Institution	Date

Please attach a copy of all official college transcripts.

Additionally, please provide the following information:

Teaching Experience

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

Relevant Activities and Notable Achievements

Provide an account of activities and achievements.

Future Teaching Plans

Attach a brief summary of your future teaching plans, including dual enrollment coursework in the high school.

Send applications to Dr. Michael Matthews

michaelmatthews@unomaha.edu