

NOYCE SCHOLARSHIP APPLICATION

FOR CURRENT TEACHER EDUCATION HONORS ACADEMY STUDENT AT CSI

Please print all information in blue or black ink except where a printed document is indicated.

Personal Information

Last name, _____ First name, _____ MI _____

Address Street, Apt # _____ City and State, Zip code _____

Mailing address if different from above _____

Primary Email address _____ Best telephone number _____

Year of Birth _____ Country of Birth _____

Gender Female _____ Male _____

EMPLID # _____

Citizenship (please select only one):

- ____ United States Citizen.
____ United States Permanent Resident
____ United States National

*Citizenship status and alienage are used to determine eligibility for available financial aid programs.

Race or Ethnicity? (Please select only one.)

- ____ Asian or Pacific Islander
____ Native American or Alaskan Native
____ Black or African American
____ Hispanic or Latina/o
____ White
____ Other

What languages do you speak (besides English)? Please indicate your level of proficiency for each by checking all that apply:

Language 1: _____ Speak fluently ___ Write fluently ___ Read fluently ___
Language 2: _____ Speak fluently ___ Write fluently ___ Read fluently ___
Language 3: _____ Speak fluently ___ Write fluently ___ Read fluently ___

Highest level of education attained by your mother/female guardian? (Please select only one.)

_____ Some high school
_____ High School/GED
_____ Some college
_____ Associate's degree
_____ Bachelor's degree
_____ Graduate or Professional degree
_____ Don't know

Highest level of education attained by your father/male guardian? (Please select only one.)

_____ Some high school
_____ High School/GED
_____ Some college
_____ Associate's degree
_____ Bachelor's degree
_____ Graduate or Professional degree
_____ Don't know

Academic Information

Major (check one): Biology ___ Chemistry ___ Mathematics ___ Physics ___
Earth Science ___

Current Class Level (check one): Junior _____ Senior _____

Expected Graduation Date: _____

How many college credits will you have earned by the end of the current semester? ___

How many Education courses (EDD/EDS/EDP) have you completed so far?
None 1 – 2 3 – 4 more than 5

While you have been in college, have you spent any time observing or co-teaching in a middle school or high school classroom? Yes ___ No ___

If you have observed or co-taught in a middle school or high school classroom, briefly explain the following:

Your role (what were your daily responsibilities): _____

Reason(s) why you engaged in the activity (course requirement, self-interest, paid work, etc.): _____

Approximate total number of hours spent in a middle school or high school classroom while you have been in college: _____

List any paid or volunteer jobs you have held during college.

Name of Employer or Organization Your Position Dates of Involvement Hours per Week

Other pertinent experience(s):

Application Certification and Release of Information

Please read and **initial** that you understand and agree to **each** of the following statements and sign below:

_____ I understand that, with this application, I am applying to the Noyce Teacher Academy at College of Staten Island.

_____ I hereby certify that all the information in this application is accurate and complete.

_____ I realize that failure to file all requested information may affect my admission status.

_____ I certify that I meet and will maintain all of the eligibility requirements (including maintaining at least a 3.0 GPA and full time student status continuously at CSI) for the term of my scholarship/ stipend.

_____ I understand that I must complete a major in biology, chemistry, mathematics, physics or earth science and complete the teacher certification requirements for that field.

_____ I will apply for admission to the CSI Teacher Education program (contact the CSI Education Department) if not done so previously.

_____ I understand that to remain a Noyce Scholar, I must maintain a minimum GPA of 3.0 and make adequate progress in my major and in the education requirements for initial certification.

_____ I understand that I am **obligated** to teach full time as a fully-paid certified teacher in mathematics or science in a high need public school district for **two years for every year of scholarship** and that this commitment must be completed within 8 years of graduation.

_____ I understand that by applying for the Noyce Scholarship that I am invited to participate in a research study, "The Noyce Teacher Academy at CSI" but that this participation is voluntary and confidential, and I may elect not to participate or to withdraw from the study at any time. I understand that initialing this statement does not indicate my voluntary consent, but that I will receive more information upon which to base my decision to participate.

_____ I understand that all the information contained in this application will be treated confidentially and will be used for institutional purposes only.

Applicant's Signature

Date

Applicant's Name (printed or typed)

Send the completed Noyce Scholarship (including *Personal Information, Academic Information, and Application Certification and Release of Information* to:

**Noyce Teacher Academy at College of Staten Island
Attention: Dr. Jane Coffee Office 1S-215
College of Staten Island
2800 Victory Blvd
Staten Island, NY 10314**