

**NOYCE SCHOLARSHIP APPLICATION
FOR TRANSFER STUDENTS TO THE COLLEGE OF STATEN ISLAND**

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

Intended 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 academic semester? ___

How many Education courses 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: _____

High school attended: (name and city) _____

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):

Name _____

Personal Statements

The Noyce Teacher Academy seeks students who are interested in teaching mathematics or science as a profession. Help us identify your experience and strengths in both teaching and in the subjects of mathematics and science by answering the questions below. Your answers to these essays must be typed.

Essay 1. *Choice of Major*

In 500 words or less, please describe why you chose your major.

Name _____

Essay 2. ***Becoming a Teacher***

In 500 words or less, explain why you are interested in teaching in a high need middle school or high school.

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, Responses to the Two Essay Questions, 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

SEE NEXT TWO PAGES FOR RECOMMENDATION FORMS – at least one must be from a **math or science instructor**. Please ask the instructor to give it to you in a sealed envelope so that you can send it with the rest of your Noyce Scholarship Application materials.

NOYCE SCHOLARSHIP APPLICATION
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RECOMMENDATION FORM

To the Applicant: Please complete the top portion of this recommendation form and give it to your instructor for a recommendation. This form must be attached to a recommendation printed on school stationery.

I am aware of the rights afforded to me by the federal Educational Rights and Privacy Act of 1974, as amended. I hereby ____ do ____ do not waive my right to examine the contents of this reference form. I understand that by waiving my right I do so under the condition that the reference form is used solely for the purpose for which it is intended.

To the Instructor: This individual is applying for a National Science Foundation Noyce Scholarship and for admission to the Noyce Teacher Academy at the College of Staten Island. Your comments are important to the selection process. Please return the recommendation form to the applicant in a sealed envelope with your signature written on the sealed flap of the envelope.

Name (print) _____

Signature _____

Subject(s) taught _____

Telephone _____ Email _____

School _____

Address _____

How long have you known this student? _____

In what capacity have you known this student? _____

Please comment on why you think this student would be an effective math or science educator in a New York City high need middle school or high school. Please write your recommendation on a separate sheet of paper (school stationery) and attach this page as a cover sheet.

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