



2017 Michigan Council of Teachers of Mathematics Teacher Conference Scholarship Application

Contact Information*:

Name _____

School _____

School District / Charter Company _____

School address _____

City/Zip _____ Telephone _____

School Email Address: _____

Home address _____

City/Zip _____ Telephone _____

Alternate Email Address: _____

*Indicate preferred telephone and email address with an asterisk.

Professional Data:

Grade Level(s) : _____ Subject(s): _____

Are you an MCTM member? Yes: _____ No: _____

Have you been a participant in past MCTM annual conferences?

Yes: _____ No: _____

Years of teaching experience including the present year: _____



2017 Michigan Council of Teachers of Mathematics Teacher Conference Scholarship Application

Letter of Support:

Letter of support written by:

Name _____

Position _____

Estimated Budget:

ESTIMATED AMOUNT OF FUNDING REQUESTED (Maximum \$500)	\$ _____
--	----------

Estimated costs:	Registration	\$ _____
	Transportation	\$ _____
	Lodging	\$ _____
	Meals	\$ _____

How did you hear about the MCTM Teacher Conference Scholarship? (Check all that apply.)

- MCTM Email
- MCTM Website
- MCTM Facebook Page
- Principal
- Central Administrator
- Fellow Teaching Colleague
- Curriculum Director/Department
- Local Intermediate School District
- Other _____