2017 Miriam Schaefer Scholarship Application Form Michigan Council of Teachers of Mathematics

Applicants: Read the 2017 Guidelines detailing eligibility and requirements

You must be a Junior/Senior by Fall 2017

You must be a resident of Michigan (see guidelines)

Scholarship must be used at a Michigan college or university

Last Name	First Name	Mi	ddle Initial
Home Address	City	Sta	te Zip
area code & phone number	cell phone number	e-mail address	
College Address (if different from I	nome address) City	Sta	te Zip
Birth Date	Check preferred address after Ap	ril 28, 2017: Home Coll	lege
High School Attended	City	State	Date of Grad
College where currently enrolled	Transcript of	fice phone number	overall GPA
Anticipated Status as of Fall 2017	Junior Se	nior	
	st have completed the college/univers ust have a major or minor in mathema		and be a mathematics major.
Level of Study: Elementary Edu	ucation Secondary E	ducation	
College Major(s)	College Min	or(s)	
Other Colleges Attended			
Read the following statement and s	ign the application below.		
	rm, have read the 2017 guidelines, sa fer Scholarship, and have enclosed all		
Signature of Applicant		Da	te

Submit the completed application and attachments in one envelope, **POSTMARKED NO LATER** than April 15, 2017 to:

MCTM Scholarship Committee Michigan Council of Teachers of Mathematics 4767 Stadler Road Monroe, Michigan 48162-9424 Phone: (734) 477-0421

