

# The Somerville Mathematics Fund



*Celebrating and encouraging Mathematics Achievement in Somerville, Massachusetts*

## Application for Somerville Mathematics Fund Scholarship

**Please Print or Type**

### Applicant Data

Mr.

Ms.

\_\_\_\_\_  
Name (last) (first) (middle initial)

\_\_\_\_\_  
Permanent address: (street) (city) (state) (zip)

( ) / / \_\_\_\_\_  
(telephone number) (DOB: month, day, year) (email address)

Name of parent/guardian: \_\_\_\_\_

Permanent mailing address of parent/

Guardian if different from applicant: \_\_\_\_\_  
(street) (city) (state) (zip)

telephone number: ( ) \_\_\_\_\_

Address while attending High school

(if different from above): \_\_\_\_\_  
(street) (city) (state) (zip)

### School Data

High school attended: \_\_\_\_\_ Graduation Date (month, year): \_\_\_\_\_

Address: \_\_\_\_\_ ( ) \_\_\_\_\_  
(street) (city) (state) (zip) (telephone number)

Name of high school principal: \_\_\_\_\_

Name of post secondary school for which applicant's scholarship is requested

- 4-yr College / University
- Community College
- Vo-Tech
- Other

Address: \_\_\_\_\_  
(street) (city) (state) (zip)

Accredited  Yes  NO

Year in Post secondary program during coming school year: Undergraduate 1 2 3 4

Student will:  Live on campus  Live off campus  Commute

Enrolled:  Less than half-time  Half-time or more  Full-time

Anticipated date of graduation from post secondary program (month, year): \_\_\_\_\_

Major field of study applicant plans to pursue: \_\_\_\_\_

## Other Awards

Please list below any grants or scholarships that you have been awarded for the coming school year.

Name of award	Amount	Pending

## Personal Data

Have you participated in any regional or national mathematics or science competitions?

If so, in which competition did you participate? Describe the outcome.

Have you participated in any extra-curricular math or science programs? If so, describe.

List all school activities in which you have participated during the past 4 years. (e.g., student government, music, sports, etc.)  
List all community activities in which you have participated during the past 4 years (e.g., church work, volunteer work, etc.)  
Indicate all awards, honors.

Activity	Years Participated	Awards, Honors, Offices Held
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**Math autobiography:**

In a typed paragraph or two on a separate piece of paper, please discuss the role that math has played thus far in your life and what function you envision it performing as part of your future goals.

I agree that if I am offered and accept an award from The Somerville Mathematics Fund, The Somerville Mathematics Fund may use my name, the name of my community, the name of my school I attend, the amount of the award, and the name of the postsecondary school I will attend in press releases, public announcements, and other fundraising or promotional materials in all media, to advance the non-profit objectives of The Somerville Mathematics Fund. In submitting this application, I certify that the information provided is complete and accurate to the best of my knowledge. Falsification of information may result in termination of any scholarship granted.

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(Signature)

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(Date)

## Recommendation Requirement

A letter of recommendation is required from a mathematics teacher or someone involved with your extracurricular experience in mathematics or science activities. The recommendation needs to be in a sealed envelope with the signature of the person who writes the recommendation signed over the seal. The letter must be included with your application.

### Transcript Information

1. All applicants must include a high school transcript of grades and have the following section completed by the appropriate school official.
2. Students currently enrolled in college must include recent college transcript of grades.

Applicant's rank \_\_\_\_\_ in a class of \_\_\_\_\_ Cumulative grade point average: \_\_\_\_\_ / 4.0 scale

PSAT Verbal \_\_\_\_\_ PSAT Math \_\_\_\_\_ SAT Verbal \_\_\_\_\_ SAT Math \_\_\_\_\_

ACT Standard English \_\_\_\_\_ ACT Math (Names and Scores) \_\_\_\_\_

AP (if any) \_\_\_\_\_

School Official's Name:

\_\_\_\_\_  
(Printed) (Title) (Signature) (Date)

School Address: \_\_\_\_\_  
(street) (city) (state) (zip) (telephone number)

### Application Checklist

This application for student aid becomes complete and valid only when you have returned the following materials (two first-class stamps are required for mailing)

- Application  High School Transcript of Grades  Current Transcript of Grades if in College
- All required signatures  Application deadline: Midnight April 7, 2024
- Letter of Recommendation (sealed and signed) or have recommendations emailed to [mathfund@gmail.com](mailto:mathfund@gmail.com)

Return application to:

**The Somerville Mathematics Fund % Erica Voolich 244  
Summer Street  
Somerville, MA 02143 or email [mathfund@gmail.com](mailto:mathfund@gmail.com)**