

Robert Noyce Scholarship Program

APPLICATION FOR SCHOLARSHIP

Please complete the application form and return the original, statement of purpose, resume, and supplementary materialsto:

University of Vermont College of Education and Social Services Regina Toolin 85 South Prospect Street 409A Waterman Building Burlington, VT 05405-0160

 $NOTE: Transcripts and letters of support should also be forwarded directly to the address above^{1} and the address above a statement of the statement of the$

DUE DATE FOR RECEIPT OF ALL SCHOLARSHIP MATERIALS: February 1

BIOGRAPHICAL INFORMATION

SOCIAL SECURITY NUMBER (U.S. applicants): ______

Last (Family) First

Middle Initial

MAILINGADDRESS

Number and Street

City

State/Country

Zip/Mail Code

¹Note: If you have already applied to the MAT program, you do not need to resend your transcript or letter of support.

TELEPHONE NUMBER

PERMANENT ADDRESS		
Number and Street		
City	State/Cou	ountry Zip/Mail Code
Primary Telepho	oneNumber:())
PERMANENT N	AILING ADDRESS A	AND NUMBER GOOD UNTIL:
E-MAILADDRE	SS:	
GENDER: H	Female / Male	DATEOFBIRTH://
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² Note: In order to be eligible for this scholarship, applicants must be United States citizens, nationals, or permanent residents.

TRANSCRIPT & RESUME INFORMATION

ONE OFFICIAL TRANSCRIPT³ from each institution must be sent to:

University of Vermont College of Education and Social Services Regina Toolin 85 South Prospect Street 409A Waterman Building Burlington, VT 05405-0160

Please send a RESUME that lists the following:

All Colleges and Universities attended, in chronological order Relevant jobs, internships, volunteer work, and interests All academic honors, prizes, scholarships, honor societies, and publications If not currently in college, please indicate your employment and other activities since college

ADDITIONAL BIOGRAPHICAL INFORMATION

VERMONT RESIDENT (circle one): Yes No

o If YES, for how long?

DEGREE OBJECTIVE

(circleone): BA BS MAT MST MA

INTENDED DEPARTMENT/PROGRAM (Refer to the Overview or Graduate Catalogue)

(circleone) Full-time or Part-time

 $^{^3}$ Note: If you have already applied to the MAT program, you do not need to resend your transcript or letters of support.

REFERENCES

List the name and address of the one(1) person who will be submitting a reference that will evaluate your academic work and specifically highlight your potential as a Noyce Scholar. The letter of reference should be mailed to:

University of Vermont College of Education and Social Services Regina Toolin 85 South Prospect Street 409A Waterman Building Burlington, VT 05405-0160

1. _____

CERTIFICATION OF AUTHENTICITY

I understand that withholding information requested on this application or providing false information or materials will make meineligible for the Robert Noyce Scholarship Grant. With this in mind, I certify that the above statement and my application materials are true.

Signature

Date

Note: Credits earned in U.S. Colleges and universities and in other countries are transferable only at the discretion of the receiving institution (notification pursuant to 16 VSA 176(c)(I)(C)).

ALL APPLICATION MATERIALS AND DATA ARE KEPT STRICTLY CONFIDENTIAL.