

Arkansas State University

Robert Noyce Teacher Scholarship Program

Creating STEM Teachers for Arkansas' Future

Return completed application to: Arkansas State University
Robert Noyce Scholarship Program
c/o Dr. Anne Grippo
PO Box 599
State University, AR 72467

Deadline: November 1, 2009

The ASU/Robert Noyce Teacher Scholarship Program is funded by a grant from the US National Science Foundation over a five-year period. This Program seeks to encourage talented science, technology, engineering, and mathematics (STEM) majors and professionals to become K-12 mathematics and science teachers. The Program provides funds to undergraduate STEM majors and post-baccalaureate students holding STEM degrees. Scholarship and stipend recipients are required to complete two years of teaching in a high-need school district* for each year of scholarship or stipend support.

To all applicants: Please review the eligibility requirements below carefully before filling out an application.

If you have any questions regarding your eligibility, please contact:

Dr. Anne Grippo (agrippo@astate.edu) OR Dr. Tillman Kennon (tkennon@astate.edu) OR
Dr. Mike Hall (mhall@astate.edu) OR Dr. Robert Engelken (bdengens@astate.edu) OR
Dr. Karen Yanowitz (kyanowit@astate.edu) OR Ms. Jannie Trautwein (jhuffman@astate.edu)

ELIGIBILITY

- BS/BA degree holders in science, technology, engineering or mathematics **OR**
- ASU junior or senior BS/BA student in STEM (*BSE students are not eligible*)
- 2.75 GPA
- US Citizen or permanent resident
- Not in violation of the Anti-Drug Abuse Act; not been convicted of any felony

APPLICANT EVALUATION CRITERIA

All completed applications received that meet eligibility requirements listed above will be evaluated on the following criteria:

- Academic transcripts and GPA (4 points)
- Science coursework and experiences (4 points)
- Previous teaching or youth volunteer experience (2 points)
- Personal narrative (4 points)

Applicants will be interviewed based upon the above criteria and final notification of acceptance will take place no later than November 20, 2009.

*High needs districts include those that have many out-of-field teachers; at least one school with teacher attrition $\geq 15\%$ over the past 3 years; at least one school with $\geq 50\%$ of enrolled students eligible for free or reduced lunch program.

ASU/Robert Noyce Teacher Scholarship Application

Please Complete in Full – Type or Print Using Black Ink

Applicant Information

Name: _____
Last First Middle

Mailing Address: _____
Street _____
City State Zip Code

Phone: _____ **E-mail:** _____

Date of Birth: ____/____/____ **ASU ID Number:** _____

U.S. Citizen: ☐ Yes ☐ No **Permanent Resident:** ☐ Yes ☐ No ☐ Other

If you are a permanent resident or citizen born outside the United States, please provide copy of U.S. Citizenship and Immigration Services (USCIS) documentation.

Noyce scholarships are not given based on ethnicity or gender. However, this information is important for statistical purposes and National Science Foundation reporting purposes. The information you provide on gender and ethnicity is voluntary, and is not used in the selection process.

Gender: ☐ Male ☐ Female

Ethnic Identity:

☐ Black/African American, Non-Hispanic ☐ Native American/Alaska Native

☐ Asian or Pacific Islander ☐ White, Non-Hispanic

☐ Latino/Chicano/Hispanic ☐ Other (specify) _____

☐ Decline to Respond

Academic Information

Student status: ☐ Junior ☐ Senior ☐ Graduate

If you are a current ASU student:

What degree program are you enrolled in? ☐ BS ☐ BA

☐ Biology ☐ Chemistry ☐ Engineering ☐ Math ☐ Other

Projected graduation date? _____

Number of credits earned to date: _____

Number of credits enrolled currently: _____

Overall GPA: _____ GPA in the Major: _____

Minor(s): _____

Attach unofficial ASU transcript

If you are a BS/BA degree holder:

College/University: _____

Dates attended: _____

Degree earned: _____ GPA: _____

Please list the institutions you have attended, beginning with the most recent or current one, and attach official College/University transcripts

Which level of students are you interested in teaching? ☐ K-8 ☐ 7-12

Background and Experience

Have you been convicted of a felony crime? ☐ Yes ☐ No

If "yes," please attach a page of explanation) All applicants must complete background check if accepted into the program. Final admission is contingent upon results.

Are you proficient in another language (other than English)? ☐ Yes ☐ No

If yes, please list _____

Are you currently receiving financial aid? ☐ Yes ☐ No

If yes, please list

Personal Narrative

Please attach 2 double spaced, typed pages addressing the following

- Why you want to teach science or mathematics;
- Your personal and professional qualifications;
- Your commitment to working in a high needs school
- How a Noyce scholarship would contribute to your professional development.

You may also discuss any socioeconomic difficulties, disabilities, or other challenges you face.

Letters of Recommendation

Use the forms that follow to solicit three or more letters of recommendation. Please include letters from instructor(s) of upper division STEM courses at ASU or the college/university you graduated from. If you have experience working with children or youth in a formal or informal setting, for pay or as a volunteer, it would be helpful to have letter(s) from supervisors or those who observed you in this setting.

Applicant Checklist

- ☐ Completed Arkansas State University Noyce Scholarship Application Form
- ☐ Transcripts from colleges/universities attended, including ASU
- ☐ Explanation of felony conviction, if applicable
- ☐ Personal statement
- ☐ Resume or curriculum vitae
- ☐ Three or more letters of reference (see below)

Please indicate which source(s) prompted your awareness of the Noyce Scholarship Program at ASU. (Select all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Fliers or posters in science/math buildings | <input type="checkbox"/> Academic adviser |
| <input type="checkbox"/> Fliers or posters in high use buildings | <input type="checkbox"/> Course instructor |
| (library, student center, etc.) | <input type="checkbox"/> Current scholar |
| <input type="checkbox"/> Information session | <input type="checkbox"/> Class visit by program staff |
| <input type="checkbox"/> Web site | <input type="checkbox"/> Newspaper article |
| <input type="checkbox"/> Other – Please explain: | |

Applicant Certification and Release of Information

Please read and **initial** that you understand and agree to each of the following statements.

- _____ I certify that all of the information on this application is true and complete to the best of my knowledge.
- _____ I certify that I meet and will maintain all of the eligibility requirements (including maintaining a 2.75 or higher cumulative GPA and full time student status continuously at ASU for the term of my scholarship/stipend).
- _____ If I am an undergraduate, I understand that I must complete a major in a science or mathematics field and complete teacher certification requirements for that field.
- _____ I will apply to ASU's Program of Studies or Masters in Education.
- _____ I am able to pass all criminal background checks, which are conditions for employment in Arkansas public schools.
- _____ I will complete the outcomes assessment activities designed to evaluate the effectiveness of the *ASU Noyce Scholarship Program*.
- _____ I understand that I am obligated to teach full time as a certified teacher in mathematics or science in a high-need Arkansas public school district for two years for every year of scholarship support received and that this commitment must be completed within four years of graduation if I am an undergraduate and within two years of graduation if I am a graduate. ***If I fail to complete the teaching obligation as specified, I must immediately repay the total balance of all scholarships received to ASU.***
- _____ I authorize exchange or disclosure of information among ASU, school districts, and the *State Board for Educator Certification*, the *Arkansas Education Agency*, and other entities relating to teaching or working with children and/or participating or cooperating in teacher certification programs as such information related to my application, suitability for internship, employment, admission, status, good standing or continuation as an applicant, university student, or school employee before or after acceptance in any of those capacities.

Applicant Signature

Date

Applicant Name (printed or typed)

Arkansas State University/Robert Noyce Scholarship Letter of Recommendation Form

Instructions to Applicant: This form is to be submitted to Dr. Anne Grippo, Noyce Scholarship Application, Arkansas State University, P.O. Box 599, State University, AR 72467. Please notify the recommender that your application will not be considered until all materials are received.

PART A: TO BE COMPLETED BY THE APPLICANT

Name: _____
Last First Middle

Three letters of recommendation are required in support of your acceptance for the ASU/Robert Noyce Teacher Scholarship. The Family Education Rights and Privacy Act of 1974 and its amendments guarantee your rights to access your educational records. You are also permitted by those laws to voluntarily waive that right of access. Please indicate below your decision related to access to this letter of recommendation.

- ☐ I waive my right of access to this letter of recommendation.
☐ I do not waive my right of access to this letter of recommendation.

Applicant Signature: _____

PART B: THIS PART TO BE COMPLETED BY THE RECOMMENDER

In an effort to increase the number and quality of science and mathematics teachers in high need school districts, the National Science Foundation created the Robert Noyce Scholars Program. ASU is host to a Robert Noyce grant. We are able to award full scholarships to qualified STEM majors who plan on earning a teaching credential in mathematics or science. In return for the funding, scholars agree to teach two years in a high needs school district for each full year of support. The person named above is applying for admission to this program, and has identified you as a recommender.

Number of years you have known the applicant: _____
In what capacity? _____

Please rate this applicant in overall promise, potential, and appropriateness for additional STEM teacher education (check one only).

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Exceptional | <input type="checkbox"/> Outstanding | <input type="checkbox"/> Good | <input type="checkbox"/> Above Average |
| <input type="checkbox"/> Below Average | <input type="checkbox"/> Not Recommended | <input type="checkbox"/> Inadequate Opportunity to Observe | |

Please rate this applicant in overall promise, potential, and appropriateness for actually teaching in public schools and dealing with students on a daily basis. (check one only)

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Exceptional | <input type="checkbox"/> Outstanding | <input type="checkbox"/> Good | <input type="checkbox"/> Above Average |
| <input type="checkbox"/> Below Average | <input type="checkbox"/> Not Recommended | <input type="checkbox"/> Inadequate Opportunity to Observe | |

Class Rank:

- ☐Top 5% ☐ Top 10% ☐ Top 25% ☐50% Top ☐ Bottom 33% ☐Bottom 25% ☐ Unknown
(continued next page)

Please provide your impressions and assessments regarding the applicant's intellectual ability, disposition and character, potential for productivity and scholarship, creativity, leadership abilities, professional preparedness, and other aptitudes and skills that may be considered by the Scholarship application committee. Please be frank and provide as much information as possible, including challenges, achievements, experience working with children and community organizations, and other special considerations pertaining to the applicant. **Please use a separate sheet, preferably a school, organization, or company letterhead, and attach it to this letter of recommendation form.**

Recommender's Name (please print): _____
Last First Middle

Position or Title: _____

School or Company: _____

Address or email: _____

Signature: _____ Date: _____

Thank you for assisting the Scholarship committee with this decision. Your time and efforts are appreciated.