



ARKANSAS MATHEMATICS TEACHER PROFESSIONAL DEVELOPMENT SCHOLARSHIP APPLICATION

The Arkansas Mathematics Teacher Professional Development Scholarship provides financial assistance to Arkansas mathematics educators to attend a state, regional or national conference whose primary focus is mathematics and to provide financial assistance to Arkansas mathematics educators who wish to participate in other Professional Development opportunities whose primary focus is mathematics. Scholarship applications will be accepted through March 1 and September 1 of each year. Scholarship award decisions will be made and announced by April 30 and October 31. Scholarships will be awarded in amounts up to \$500 each.

ELIGIBILITY REQUIREMENTS

- **Have been an ACTM member for at least two years;**
- **Will write an article for the ACTM newsletter describing the attended conference or other Professional Development;**
- **Will send the ACTM treasurer copies of the conference or Professional Development registration receipts, travel/housing receipts and other expenses within one year of the conference or Professional Development.**

1. Name _____

2. School District of Employment _____

3. School Address _____

4. School Telephone _____ Home Telephone _____

5. Home Address _____

6. E-mail address _____

7. What mathematics conference or other Professional Development (PD) opportunity would you like to attend and when?

8. On a separate page, tell why you want to attend this conference or PD. How will attending impact your teaching of mathematics or the student learning of mathematics? (one page maximum)

9. On a separate page, give a breakdown of the costs of attending this conference or PD.

10. List your leadership and/or community service activities. _____

11. List your educational background: List institutions attended, dates of attendance, and degrees received or credits earned.

12. Relevant employment history (with dates):

13. Attach a statement describing your professional development goals as they relate to mathematics education. (one page maximum)

Applicant signature _____ **Date** _____

**Email completed application to:
James Fetterly, ACTM
Scholarship/Grants Chairperson
jfetterly@uca.edu**