



Robert Noyce Scholarship

Academic Year 2010-2011

Application deadline: March 31, 2010

ELIGIBILITY

This \$10,000 annual scholarship is for mathematics or science majors who wish to earn teaching certification at the middle/junior high or high school level at one of Iowa’s public universities—UNI, ISU, or UI. Junior or senior undergraduates, and graduate students currently enrolled are eligible. Academic merit, financial need, and contribution to teacher force diversification are each considerations weighed by the selection committee.

Have you been admitted to the Teacher Education Program at UNI, ISU, or UI? Yes No

If yes, please provide the name of your academic advisor in the education program _____

Please provide an up-to-date transcript with this application (photocopy is permissible).

PERSONAL INFORMATION

Name: _____
Last First Middle

Local Address: _____
Street City State Zip

Permanent or home address (if different):

Street City State Zip

E-mail address(es): _____

Cell phone: _____ Home phone _____

Current academic status: Junior Senior Graduate

Colleges/universities attended (send an up-to-date, unofficial transcript from each)

College/university	Dates attended	Degree earned	GPA
List should begin with most recent or current school first			

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DEMOGRAPHIC INFORMATION

Date of Birth _____

Gender: Male Female

U.S. Citizen (yes/no) _____

Please indicate which of the following categories you identify with. You may check more than one.

- | | | |
|---|--|---|
| <input type="checkbox"/> Alaskan Native (Eskimo or Aleut) | <input type="checkbox"/> Black or African American | <input type="checkbox"/> White |
| <input type="checkbox"/> American Indian | <input type="checkbox"/> Hispanic or Latino | <input type="checkbox"/> Asian |
| <input type="checkbox"/> Native Pacific Islander | <input type="checkbox"/> Other (specify) _____ | <input type="checkbox"/> Decline to state |

PROPOSED SCHEDULE

In consultation with an advisor in science education or mathematics education, please provide a *tentative* schedule showing the courses you will complete toward teaching licensure within two years.

Fall _____ (year)	Spring _____ (year)	Summer _____ (year)
Fall _____ (year)	Spring _____ (year)	Summer _____ (year)

Expected Date of Graduation: _____

Expected field of secondary teaching licensure:

- Mathematics Biology Chemistry Earth Science Physics
 General Science Physical Science Other (specify) _____

How did you hear about this Robert Noyce Scholarship?

- Flier Current Noyce Scholar Friend
 E-mail message from the university Poster
 Instructor (whom? _____) Information session
 Advisor (whom? _____) Website
 Other (specify) _____

ADDITIONAL INFORMATION

1. Please include an essay describing why you wish to pursue teaching licensure, particularly in order to teach in a high need school district (two page maximum).
2. Ask for **two** references which address your potential as a teacher, one of which must be from a recent instructor. Provide your reference writers with the template included in this application on page 5.
3. Interviews may be requested.

APPLICANT CERTIFICATION AND RELEASE OF INFORMATION

Please read and **check** 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 the minimum required GPA and full time student status continuously at UNI/ISU/UI for the term of my scholarship).

_____ I understand that I must complete all teacher certification requirements for teaching secondary science or mathematics.

_____ I will complete the outcomes assessment activities designed to evaluate the effectiveness of the 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 public school district for two years for every year of scholarship support received and that this commitment must be completed within six years of graduation. **If I fail to complete the teaching obligation as specified, I must immediately repay the total amount of all scholarships received.**

_____ I authorize the exchange and disclosure of information among my university (UNI, ISU, or UI), the Iowa Mathematics & Science Education Partnership, school districts, the State Board of Educational Examiners, the Iowa Department of Education, and other entities relating to teaching as such information relates to my application, suitability for employment, status, good standing, and/or continuation as a student or as a school employee, and to the assessment of this scholarship program.

Applicant Name _____ Date _____

All application materials (complete application, transcript, two reference letters) must be received by March 31, 2010.

Robert Noyce Scholarship Program c/o
Iowa Mathematics & Science Education Partnership
18 Center for Energy & Environmental Education
University of Northern Iowa
Cedar Falls, Iowa 50614

Inquiries may be directed to the Iowa Mathematics & Science Education Partnership: 319-273-2757 or imsep@uni.edu

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