

# MATHEMATICS SUMMER CAMP

## *Application for Summer 2018*

Applications must be postmarked by **March 30, 2018**. A committee will evaluate all complete applications after April 10th. Please print clearly.

A complete application should include two recommendation letters from teachers using the enclosed forms, one from a mathematics teacher and one from another teacher of your choice, sent directly to the address below. In addition, please submit a copy of your high school transcript AND your most recent report card.

**Acceptance to the program is competitive and limited to 32 students. Applicants will be selected based on all three components of the application (letters of recommendation, essays, and grades).**

Limited number of full and/or partial scholarships are available to applicants who are eligible for the Federal free or reduced lunch program. Please submit a letter, on letterhead, from an official at the school district **or** the letter you received stating that you are eligible for the free or reduced lunch program.

Your Name \_\_\_\_\_  
last first middle

Mailing Address \_\_\_\_\_  
Street  
\_\_\_\_\_ city state zip

Gender \_\_\_\_\_  
Phone # \_\_\_\_\_ Career Goal \_\_\_\_\_  
High School \_\_\_\_\_ Year of Graduation \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Tee-shirt size \_\_\_\_\_  
E-mail address \_\_\_\_\_ Parent email address \_\_\_\_\_

Information on your letters of recommendation (to be sent directly from teacher):

Name of mathematics teacher: \_\_\_\_\_

Name of other faculty member: \_\_\_\_\_

Postmark Applications by **March 30, 2018**:

*Institute for STEM Education  
092 Life Sciences Building  
Stony Brook University  
Stony Brook, NY 11794-5233  
Tel: 631-632-9750; Fax: 631-632-9791*



# MATHEMATICS SUMMER CAMP

## Mathematics Teacher Recommendation Form

(To be completed by a mathematics teacher who has taught you.)

Student's Name \_\_\_\_\_

Teacher's Name \_\_\_\_\_ School \_\_\_\_\_

Capacity in which you know this student \_\_\_\_\_

Please compare this student to the others that you have taught:

	Top 2%	Top 10%	Top 25%	Top 50%	Less than 50%
Maturity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Positive interaction with peers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Inquisitiveness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to complete tasks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Student's strengths:

Student's weaknesses:

Additional comments:

Teacher's signature \_\_\_\_\_ Date \_\_\_\_\_

**Deadline: Postmarked by 03/30/18**

Please send to: Institute for STEM Education, 092 Life Sciences Building,  
Stony Brook University, Stony Brook, NY 11794-5233  
(tel: 631-632-9750; fax: 631-632-9791)

# MATHEMATICS SUMMER CAMP

## Other Teacher Recommendation Form

(To be completed by any teacher who has taught you.)

Student's Name \_\_\_\_\_

Teacher's Name \_\_\_\_\_ School \_\_\_\_\_

Capacity in which you know this student \_\_\_\_\_

Please compare this student to the others that you have taught:

	Top 2%	Top 10%	Top 25%	Top 50%	Less than 50%
Maturity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Positive interaction with peers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Inquisitiveness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to complete tasks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Student's strengths:

Student's weaknesses:

Additional comments:

Teacher's signature \_\_\_\_\_ Date \_\_\_\_\_

**Deadline: Postmarked by 03/30/18**

Please send to: Institute for STEM Education, 092 Life Sciences Building,  
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