

MATHEMATICS SUMMER CAMP

Application for Summer 2010

Applications must be postmarked by **April 12, 2010**. A committee will evaluate all complete applications after April 19th.

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 24 students. Applicants will be selected based on all three components of the application (letters of recommendation, essays, and grades).

Your Name _____
last first middle

Mailing Address _____
Street

city state zip

Gender _____ Social Security # _____
Phone # _____ Career Goal _____
High School _____ Year of Graduation _____
Date of Birth _____ Tee-shirt size _____
E-mail address _____

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

Name of mathematics teacher: _____

Name of other faculty member: _____

Send Applications by April 12, 2010:
*Center for Science and Mathematics Education
Stony Brook University
Stony Brook, NY 11794-5233
Tel: 631-632-9750; Fax: 631-632-9791*

Center for Science  Mathematics Education

STONY BROOK UNIVERSITY

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: 04/12/10

Please send to: Center for Science and Mathematics Education,
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: 04/12/10

Please send to: Center for Science and Mathematics Education,
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