

GEORGE C. LAUMANN SCHOLARSHIP IN MATHEMATICS

APPLICATION FORM

Please fill in the following information completely. If you have any questions on any of the items, please call the Mathematics Department for clarification at 756-2206, or email Dr. Linda Patton at lpatton@calpoly.edu. Attach additional sheets of paper if necessary.

***Please return this application to the Mathematics Department Office, 25-208,
by Tuesday, January 15, 2019.***

Name _____ Cal Poly Empl ID # _____

Address _____

_____ Email _____

Major _____ Class Level _____

You must be a continuing Cal Poly student to receive this scholarship. Please list the mathematics courses you have completed and the grade received in each. The scholarship requires completion of the first year mathematics requirements (Math 141/142/143) with a minimum 3.0 G.P.A.

Course	Grade	Course	Grade	Course	Grade	Course	Grade
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

Overall G.P.A. _____ Cal Poly G.P.A. _____ Math G.P.A. _____

A condition of the scholarship is that you must have earned a minimum of \$1,000 during the previous year. Briefly describe how you met this condition.

(OVER)

A condition of the scholarship is that you serve at least 50 hours during the period of the scholarship in a related practical situation such as a math lab, tutoring, part-time work or community service (with or without pay). Briefly describe how you plan to meet this condition.

Please write a brief statement on your financial need. (You also must have filed a FAFSA with Cal Poly's financial aid office and it must show you have financial need according to those official requirements.)

Are there special factors for consideration that more fully explain your need for a scholarship, or circumstances that you feel deserve recognition?

Please list three references (of which at least one is a mathematics instructor).

Name/Address

Phone

CERTIFICATION: (1) I certify that all the information on this application is true, complete, and accurate to the best of my knowledge; (2) that I will be a full-time student registered for 12 or more units during the period of the award; and (3) that my scholarship money will be used for expenses related to my education.

I hereby authorize the Mathematics Department or the Financial Aid Office to release to the scholarship donor, if required, all necessary information relative to me, should I be considered for or receive the scholarship award.

Applicant's Signature _____ Date _____