



The Ohio Council of Teachers of Mathematics
Scholarship Application Form

2025 Scholarship Information:

Each fall, OCTM awards **six \$750 scholarships**. Anyone interested in applying this year must fit all of the following qualifications:

- be a full-time junior, senior or graduate student in the fall of 2025 at a college or university in Ohio;
- be enrolled in a program that leads to an Ohio Resident Educator license in a field which includes the teaching of mathematics at some level of K-12: Early Childhood (EC), Middle Childhood (MC), Adolescent-Young Adult (AYA), or Intervention Specialist (IS) at any level; and
- be a prospective first-time teacher (i.e. must not have taught professionally).

OR

- be enrolled in a **full-time** graduate program related to the teaching and learning of mathematics for those who already hold an EC, MC, AYA, or IS license that includes the teaching of mathematics at some level in grades K-12.

Applicants for the OCTM Scholarships must submit this completed application, official transcript(s) from all colleges or universities attended, verification of enrollment in a licensure program or related graduate program and one letter of support by **11:59pm June 13, 2025**.

Documents should be **e-mailed** as an attachment with the subject line: OCTM Scholarships [applicant's name] to Chris Irick (chris.irick@ohioctm.org) from the appropriate party with a valid signature by **11:59PM June 13, 2025**. Note: A signature can easily be created on a tablet or other device and then copied into a word document.

Transcripts should be scanned and e-mailed as attachments, or transcripts may be sent through an online service.

Letters of recommendation and verification forms must be signed by the author. Electronic signatures are acceptable.

All mailed materials must be received on or before **11:59PM June 13, 2025**.



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PLEASE READ THE FOLLOWING DIRECTIONS CAREFULLY. APPLICATIONS THAT DO NOT INCLUDE ALL OF THE REQUESTED INFORMATION WILL NOT BE CONSIDERED.

The complete application “packet” must include:

- **Official transcripts** from all post-secondary institutions attended must be submitted.
The transcripts must contain an official seal and should be scanned and e-mailed as an attachment or sent through an online service.
- The **program verification form** verifying your enrollment in a licensure program or related graduate program during 2025-2026 that must be signed by your faculty advisor. (see the last page of this document for the verification form and further instructions.)
- **One letter of support** from a college/university faculty member or cooperating teacher.
The letter should describe the applicant’s promise as a teacher of mathematics and leader in the mathematics education community. Only one letter will be used. If multiple letters are submitted only the first letter will be considered; other letters will be disregarded. (See the second to last page of this document for suggested content of the letter of support and further instructions.)
- The **completed application form**: Complete the appropriate sections of the application form. The application form has been created using the table feature in Microsoft Word & Google Docs. Please download the file to your computer and type in the appropriate spaces. The space will automatically expand as you type. Sometimes specific instructions are given in an italic font enclosed in parentheses. To enter information in spaces so designated, click in the space, delete the italicized print and type in your response. **Note:** Please delete the opening and ending pages before submitting your application. Only the actual application form needs to be sent to Chris Irick.

Questions about the application process can be emailed to Chris Irick (chris.irick@ohioctm.org) with “OCTM Scholarship Questions” as the subject line.



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General Contact information	
Name	
Email Address	
Cell Phone	
Permanent Address	
Street Address	
City, State Zip	
Temporary School Address	
Street Address	
City, State Zip	
School address is valid until	
Eligibility Information	
During the 2025-2026 school year I will be enrolled at	<i>(type the institution name here)</i>
Degree Program for 2025-2026	<i>(e.g. BS, BA, BSE, MED, MAT)</i>
Do you currently hold an Ohio teaching license that allows you to teach mathematics?	<i>(specify yes or no)</i>
If NO complete the following statement: My 2025-2026 program leads to an Ohio teaching license in... If YES state the Ohio teaching license that you currently hold.	<i>(specify the license sought or held here: Early Childhood (EC), Middle Childhood(MC), Adolescent-Young Adult (AYA), Intervention Specialist (IS)</i>
Have you ever taught professionally?	<i>(specify yes or no)</i>
<i>(if yes, please explain)</i>	
Class Standing as of Fall 2025 (Junior, Senior, Graduate)	
Anticipated Date for completion of licensure program or date teaching license was issued.	



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Academic Performance Information (Information entered in this area must be substantiated by official transcripts)	
Overall Grade Point Average (GPA) at your current institution	
If you are in a graduate program, list your overall undergraduate GPA	

Additional Academic/Program Information Complete only the sections that apply to you.				
For undergraduate or graduate students seeking a Middle Childhood or Adolescent Young Adult License				
List the college level mathematics or mathematics methods courses which you have taken. Note: You may also include any relevant AP, IB, or College Credit Plus Courses taken while in High School only if college credit was earned.				
Course Number and Name	Institution	No. of Credits Earned	Semester or Quarter Hours	Grade Earned
If more space is needed, with the cursor in the last space above, click on the Layout tab. Then click insert row below. Add as many rows as you need.				
For undergraduate or graduate students seeking an Early Childhood License				
Applicants working toward Early Childhood Licensure should include mathematics related courses you have taken (e.g. math content, math methods). Don't forget the short essay response below!*				
Course Number and Name	Institution	No. of Credits Earned	Semester or Quarter Hours	Grade Earned



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If more space is needed, with the cursor in the last space above, click on the Layout tab. Then click insert row below. Add as many rows as you need.				
*In addition, include a paragraph below (limit 200 words) describing your interest in teaching mathematics at the elementary level. The space will expand to accommodate your writing.				
For undergraduate or graduate students seeking an Intervention Specialist Licensure				
Applicants working toward Intervention Specialist Licensure should include mathematics related courses you have taken (e.g. math content, math methods). Don't forget the short essay response below!**				
Course Number and Name	Institution	No. of Credits Earned	Semester or Quarter Hours	Grade Earned
If more space is needed, with the cursor in the last space above, click on the Layout tab. Then click insert row below. Add as many rows as you need.				
**In addition, include a paragraph below (limit 200 words) describing your interest in enhancing the learning of mathematics in your role as an Intervention Specialist. The space will expand to accommodate your writing.				
For full-time graduate students who already hold an EC, MC, AYA, or IS license that includes the teaching of mathematics at some level in grades K-12.				
Describe the graduate program that you are enrolled in. The essay should include the name of the program (e.g. Curriculum and Instruction, Mathematics) and how specific coursework within the program will make you a better classroom teacher. Please limit your response to approximately 200 words. The space will expand to accommodate your writing.				



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Professional Activities/OCTM Involvement

List activities related to **mathematics** or **mathematics education** in which you have been engaged during the past 3 years. Include the dates during which you engaged in the activity. Please group like “activities” into one line and include the multiple dates for a given activity. For example: Field Experiences may have dates of Fall 2022, Spring 2023, Fall 2023 and then Student Teaching would be listed on a separate line with a date of Spring 2024.

Example Activities:

- Field Experiences, Student Teaching, etc.
- Volunteer or paid work experiences including but not limited to tutoring, math camps, and STEM camps.
- Attendance at “Professional Development” events including but not limited to local affiliate meetings, OCTM conferences, Math Teachers’ Circle Meetings.
- Other activities including but not limited to leadership positions in a local or state professional organizations, research, presenting at conferences.

Note: Please avoid the use of abbreviations and include a brief explanation and/or clarification as “needed.” For example, a clarification of field experiences could include grade levels and/or schools, while attending the OCTM Annual Conference needs no further explanation other than the required dates.

Activity	Dates

If more space is needed, with the cursor in the last space above, click on the **Layout** tab. Then click **insert row below**. Add as many rows as you need.

Are you a member of OCTM and/or an OCTM Affiliate?	(specify yes or no)
Have you ever attended an OCTM sponsored event (e.g. Annual conference, Western Retreat)	(specify yes or no)



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Essay Question—Ideal Teacher of Mathematics

In the space below, describe the “ideal” teacher of mathematics – i.e. the teacher you would like to become. You may base your description on a person, but please do not mention names. Note that this essay will be scored on both mechanics (how well you wrote) and content (what you said). Please limit your response to approximately 300 words. The space will expand to accommodate your writing.



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In order to be considered, an applicant package must include the following:

Transcripts, Program Verification, Letter of Support	
	Include the information requested
Transcripts: List all Universities/Colleges attended and from which a transcript is included	
Program Verification: Name of Faculty Advisor	
Program Verification: E-mail Address of Faculty Advisor	
Letter of Support: Name of Letter Writer	
Letter of Support: E-mail Address of Letter Writer	
Letter of Support: Relationship between Letter Writer and Applicant	

By signing below, I attest that the information contained on this application is true to the best of my knowledge. Note: Signature should be copied and pasted into this document.			
Signature		Date	

All materials (completed application, transcripts, program verification form, and letter of support and this signed page) must be received by **11:59PM June 13, 2025**.

E-mailed documents should be sent as attachments to Chris Irick (chris.irick@ohioctm.org) with the subject line: OCTM Scholarships [applicant's name].



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Instructions for the “Letter of Support”

Note: The applicant is responsible for sharing this information with the person who they have asked to write their “Letter of Support.”

The “Letter of Support” should include the following:

- A brief description of the writer of the letter—where they work, what they do, etc.
- A brief description of the “relationship” between the writer of the letter and the scholarship applicant. For example, “applicant was a student in the following classes:...” or “applicant did their field experience(s) and/or student teaching under my guidance.”
- A reference to the Licensure Program (Early Childhood, Middle Childhood, Adolescent Young Adult, Intervention Specialist) that the applicant is in and their potential to successfully complete the program.
- A description of why the applicant shows promise as a classroom teacher. Both the applicant’s content and pedagogical knowledge should be addressed and supported by “first-hand” observations or by “quotes” from others who have firsthand knowledge. For example, “writers” who know the applicant because they were a student in one or more of their courses, may want to not only include evidence of “content” knowledge, but may include observations of how the applicant worked with other students, their ability to engage in mathematical discourse, their mathematical mindset, problem solving ability, etc.
- Any additional information about the applicant’s personal characteristics and/or other “accomplishments/experiences” such as research, involvement/leadership in professional organizations, etc.
- A “signature section” that includes a valid signature, printed name, and E-mail address. **Note:** A valid signature can be created on a tablet or other device and then that image can be copied into the word document, or a pdf can be made and then e-signed.

The **Letter of Support** should be **e-mailed** as an attachment with the subject line: OCTM Scholarships [applicant’s name] to Chris Irick (chris.irik@ohioctm.org) It may be included with the application materials or e-mailed separately from the writer. The letter of support must be received on or before **11:59PM June 13, 2025**.



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Instructions for Program Verification Form:

- The applicant should share this information with their faculty advisor.
- The faculty advisor should complete the “form” and then copy and paste it into a separate word document. Note: A valid signature can be created on a tablet or other device and then that image can be copied into the word document, or a final version can be saved as a PDF to be e-signed.
- The faculty advisor should e-mail it as an attachment from their own E-mail address to Chris Irick (chris.irick@ohioctm.org) with the subject line:

OCTM Scholarship [applicant's name].

Program Verification Form	
Scholarship Applicant's Name	
Faculty Advisor Name	
Faculty Advisor E-mail	
Will the applicant hold an Ohio teaching license that allows them to teach mathematics by the end of 2025-2026 year? (<i>specify yes or no</i>)	
If NO , specify the licensure program that they are enrolled in during the 2025-2026 Academic Year: Early Childhood (EC), Middle Childhood(MC), Adolescent Young Adult(AYA), Intervention Specialist (IS) If YES state the license that they hold and the specific graduate program that they are enrolled in during the 2025-2026 academic year.	

By signing below, I attest that the information contained on this form is true to the best of my knowledge. Note: Signature should be copied and pasted into this document.			
Signature		Date	