

LONG ISLAND MATHEMATICS CONFERENCE BOARD
State University of New York, College at Old Westbury
P.O. Box 210, 223 Store Hill Road
Old Westbury, New York 11568

TO: The Mathematics Community from Nassau, Suffolk, Queens and
Brooklyn Counties

FROM: Bruce Waldner, Chair

Scholarship Foundation of the Long Island Mathematics
Conference Board

RE: Mathematics Scholarship for African American, Native American and
Hispanic High School Students

DATE: September 28, 2025

The Long Island Mathematics Conference Board will award up to three \$1,000 scholarships to deserving students from Queens, Brooklyn, Nassau and Suffolk Counties, of African American, Native American or Non-European Hispanic American descent. **These students must plan to major in mathematics at an accredited college or university of their choice.** Candidates should address their love of mathematics in their personal essay and indicate the reasons why they should receive this scholarship. **Only high school seniors are eligible for this award.**

We invite you to disseminate this information and to recommend qualified students from your high school.

Questions? Bruce Waldner, Scholarship Chair bcwaldner@aol.com

APPLICATION FOR LONG ISLAND MATHEMATICS SCHOLARSHIP

The Long Island Mathematics Conference Board will award up to four \$1,000 scholarships to deserving Long Island students of African American, Native American or Non-European Hispanic American descent.

Applications will be accepted from students who have a cumulative “B” average or better and are seriously planning to major in mathematics at college.

Completed applications must be submitted by **Friday, January 16, 2026.**

A completed application must consist of the following:

1. Completed scholarship application form.
2. A one-page essay describing your interest in pursuing the study of mathematics at college. Include supporting evidence for your involvement and love of mathematics.
3. Two letters of recommendation. At least one of these letters must be from a teacher in the Mathematics Department
4. An official transcript including a list of all **senior** courses, first semester grades, SAT or ACT scores and AP test scores where applicable.
5. A school official must sign and date the certification form to verify that you qualify for the award based on ethnicity.
6. Designate the mathematics teacher who has most influenced you in your study of mathematics and have this teacher fill in their part of the application to be submitted with your application packet.
7. Signature required on the photo waiver form.

All applications and correspondence should be sent via e-mail using an official e-mail address from the school to: Conference Board Scholarship Committee Chairperson, Bruce Waldner: bcwaldner@aol.com

Please include all parts of the application when sending (transcripts, recommendations, etc.)

For additional applications, please make copies.

MATHEMATICS SCHOLARSHIP APPLICATION
(Please type or print clearly)

Name _____
 Last **First** **Middle**

Address _____
 Number **Street** **Apt.**

_____ **City** **State** **Zip**

Telephone _____ Social Security # _____

Email Address _____
(please print or type and note that winners of this scholarship will be notified by e-mail)

High School Name _____
(Please use the full official name of the school)

School Address _____
 Number **Street**

_____ **City** **State** **Zip**

School Telephone _____

List the names of the colleges or universities to which you have applied:

Institution

Address

(Continued on other side)

MATHEMATICS SCHOLARSHIP APPLICATION (Continued)

**Describe all high school activities in which you have participated.
Indicate any leadership role(s) that you have held.**

Lists any honors or awards that you have received during your high school years (Grades 9—12).

List all courses in which you are currently enrolled.

Have you taken the SAT or ACT to support your college application(s)? Check one of the following:

Yes ____ (If yes, please make sure that the official result documents for these are included with your transcripts from guidance) No ____

I plan to major in (check one)

**----- Mathematics ____ a math related field, if so describe -----
____ not sure yet ____ other major, if so describe _____**

Signature _____

Certification Form

Please check the ethnicity category that qualifies you for this scholarship:

African American ☐

Non-European Hispanic American ☐

Native American ☐

Signature of Applicant _____

Signature of School Official _____

Title of School Official _____

Email address of School Official _____

Date Signed _____

Photo Waiver Form

I understand that the Long Island Conference Board will take pictures of all scholarship winners and that these photos will be displayed on our conference website www.limathconference.org . I hereby give my permission for the taking of pictures and the display of these photographs on our website and/or other publicity formats. I also give permission for my name to be displayed on our website as a scholarship winner.

Signature of applicant _____

Signature of parent or guardian _____

Parent/guardian signature not necessary if student applicant is above the age of 18

Mathematics Teacher Form to Accompany Scholarship Application

To be completed by the mathematics teacher who has most influenced the scholarship applicant.

Congratulations, you have been selected as the mathematics teacher who most influenced the student who is bringing you this form. The scholarship committee, comprised of members of the Long Island Conference Board, asks that you provide a few pieces of information. If your student is selected to receive this scholarship, we ask that you attend the event at the Campus Center at SUNY Old Westbury on Friday, March 13, 2026. The presentation of this scholarship will take place during the introductory ceremonies for the Long Island Mathematics Conference, LIMAÇON. Traditionally, both the student scholarship winners and their teacher take part in this presentation. You are cordially invited to attend the conference as our guest. Please send in a completed registration form so that we may place you in the sessions that you would like to attend. You can download a copy of the brochure and the application form at www.limathconference.org.

Please provide contact information:

Student's Name _____

Teacher's Name: _____

Teacher's Signature (that they agree to attend the Scholarship Presentation on 3/13/25 if your student is receiving this scholarship) _____

School: _____

Year or years you taught this student: _____

Phone number: _____, circle one: school, cell, or home phone number

E-mail address _____
(please print or type)