

**TENNESSEE MATHEMATICS TEACHERS' ASSOCIATION
DR. HENRY FRANDBEN SCHOLARSHIP APPLICATION FORM**

Please furnish complete answers to each item below.

LAST NAME	FIRST	MIDDLE
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STREET & NUMBER

CITY	STATE	ZIP CODE
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UNIVERSITY EMAIL ADDRESS**	() HOME PHONE
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NAME OF COLLEGE OR UNIVERSITY ATTENDING

DEGREE/LICENSE	___ SECONDARY	___ MIDDLE	___ ELEMENTARY
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MAJOR _____

A complete application must include the following:

- 1) Scholarship Application Form
- 2) A cover letter that includes a brief statement of educational and career plans as they relate to teaching mathematics
- 4) Current transcript
- 5) Two sealed letters of recommendation (may be mailed separate from other application materials)
(At least one recommendation must be from a member of the mathematics faculty at your university with whom you have completed at least one class.)

Applications are due on **May 1**. You will be notified at your university email address when we receive your application.

Send complete application packet to: Dr. Carroll G. Wells
 Department of Mathematics
 Lipscomb University
 One University Park Way
 Nashville, Tennessee 37204

**Please use ONLY your official university email address. We will not accept applications with any other type of email address.