Robert Noyce Math Teacher Scholarship Program A Forgivable Loan

Noyce Scholarship Program Administrator: _

ANNUAL EMPLOYMENT & CONTACT UPDATE

Submitting updated information is a program requirement! Submit Annually by May 15th

The Robert Noyce Scholarship/Stipend program awards scholarships to Cal Poly, San Luis Obispo students who are in their final year and are majoring in mathematics, and stipends to science, technology, engineering, or mathematics (STEM) professionals who enroll at Cal Poly seeking to become K-12 mathematics teachers. A Noyce Scholarship/Stipend recipient (the student who received the award) is required to provide updated employment and contact information in writing to the school that disbursed the scholarship award (Cal Poly, San Luis Obispo). WARNING: COMPLETING/SUBMITTING THIS FORM IS A NOYCE SCHOLARSHIP PROGRAM REQUIREMENT. IF YOU DO NOT RETURN THE COMPLETED FORM TO THE MATHEMATICS DEPARTMENT (ADDRESS PROVIDED BELOW) WITHIN 30 DAYS OF THE MAY 15th DUE DATE YOU WILL BE OUT OF COMPLIANCE WITH YOUR NOYCE PROGRAM.

BORROW	/ER INFORMATION	ON (please p	rint clearly)
Borrower's name (last, first):			Mail completed form to:
Borrower's mailing address:			California Polytechnic State University
			COS&M Attn: Dr. Todd Grundmeier
			San Luis Obispo, CA 93407-0403
Borrower's daytime phone number:			Lending Institution:
Borrower's EMAIL address:			California Polytechnic State University
Borrower's last 4 digits of Soc. Sec. #:			Student Accounts Office
			San Luis Obispo, CA 93407
			off all that apply)
I, the Noyce Scholarship/Stipend recipient, am <u>NOT</u> curren			·
from the date I graduate from my mathematics program f	or which the fur	nds were awa	rded to complete my teaching service obligation.
Reason for not teaching at this time:			
OR			
I, the Noyce Scholarship/Stipend recipient, am currently -	or have previou	slv - taught in	a K-12 school district as a mathematics teacher at least
part time. The district where I am, or was, meets one or r	· ·		
	BORROWER	SIGNATURE	
I declare that the information above is true and correct. I furth	ner declare that I	I will notify Ca	al Poly or ECSI (billing service) immediately upon any
change in my status. Borrower's signature:			Date:
·			nool-designated authorized official)
The district where recipient is teaching meets one or more of t		•	• • •
It has a higher percentage of individuals from families wit	h incomes below	the poverty	line;
It has a high percentage of secondary school teachers not	teaching in the	content area i	in which the teachers were trained to teach; or
It has a high teacher turnover rate.			
	CERTIFICATI	ON PERIOD	
Please confirm the start and end dates for the teaching periods	s. One year's No	yce Scholarsh	nip award is forgiven (cancelled) for every two years
of teaching service the recipient performs (according to the gu	idelines of the p	orogram).	
Current service teaching period: S	tart Date:		End Date:
School name:			School district:
School address:			School phone:
			School phone.
No. 10 of the column of the co			
Name of official:			
Official's signature:			
Title of official			
Signature Date:			
CAL	. POLY ADMINST	TRATION LISE	ONLY
Date Reviewed:			

Student Accounts Office: ___

ECSI Process: