



**THE UNIVERSITY OF SOUTHERN MISSISSIPPI**  
**Robert Noyce Scholarship Program**  
**Application Form**

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***Personal Information***

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Initial

\_\_\_\_\_  
School Address

\_\_\_\_\_  
Permanent Address (if different)

\_\_\_\_\_  
City

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Primary email address

\_\_\_\_\_  
Alternate email address

\_\_\_\_\_  
Student ID Number

\_\_\_\_\_  
Gender

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Country of Birth

Citizenship (check one)

- US Citizen
- US National
- US Permanent Alien

Ethnicity (check one (Optional))

- African American
  - Asian
  - Caucasian
  - Hispanic
  - Native American
  - Other (specify)
- \_\_\_\_\_

### ***Academic Information***

Current Class Level (check one)

Junior

Senior

Licensure Program (check one)

Chemistry Licensure     Math Licensure

Physics Licensure     Biology Licensure

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Expected Graduate Date

### ***Essay***

Attach a 400 – 600 word essay describing your philosophy of teaching and an experiences relating to teaching practice.

### ***Community Involvement***

Attach a list of community involvement activities in which you have participated as a volunteer. Include the following: (1) Name of the organization; (2) your role; (3) number of hours per week of involvement; and (4) dates of involvement.

### ***Transcripts***

Include a copy of your current transcripts that include all courses that will be used for graduation.

### ***Recommendations***

Include at **least two** recommendations. Recommender forms are available on this website.

***Applicant Certification and Release of Information***

Please read and initial that you understand and agree to each of the following statements.

\_\_\_\_\_ I certify that all of the information on this application is true and complete to the best of my knowledge.

\_\_\_\_\_ I certify that I meet and will maintain all of the eligibility requirements.

\_\_\_\_\_ I understand that I am obligated to teach full time as a certified teacher in science or mathematics in a “high needs public school” for two years for every year of scholarship received and that this commitment must be completed within 6 years of graduation. ***The total balance of all scholarships must be repaid if I fail to fulfill the teaching obligation.***

\_\_\_\_\_ I authorize exchange or disclosure of information among USM, school districts, and the State Board of Certification, or other entities relating to teaching. This includes information such as my application, suitability for internship, employment, admission, status, good standing or continuation as an applicant, university student, or school employee before or after acceptance in any of those capacities.

\_\_\_\_\_ I am able to pass all criminal background checks, which are conditions for employment in Mississippi public schools.

\_\_\_\_\_ I will fulfill the community service requirement of 80 hours/year and complete the New Teacher Induction Program assessments.

\_\_\_\_\_ I am enrolled in the Professional Education Program at USM for licensure in Science or Mathematics.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Name (printed or typed)