



National Science Foundation  
WHERE DISCOVERIES BEGIN

Name \_\_\_\_\_

Date Applied \_\_\_\_\_

***Office Use Only:***

Institution Entry Date \_\_\_\_\_ Date Admitted \_\_\_\_\_

Project Entry Date \_\_\_\_\_ Eligibility Status \_\_\_\_\_

## Encouraging Careers in the Mathematical Sciences

The Encouraging Careers in the Mathematical Science (ECMS) program is a program funded by National Science Foundation (NSF, award #0630930) which seeks to increase the number of St. Olaf students entering into careers in the mathematical sciences. *The ECMS program is open to all students at St. Olaf College with demonstrated financial need who are planning to graduate with a major in mathematics.* Special emphasis will be given to attracting students with the greatest financial need and those from traditionally underrepresented groups. All recipients must be a US citizen, permanent resident, or admitted refugee.

### Program Features:

- Scholarships of up to \$10,000/year, renewable for up to four years.
- Additional academic support in the form of Supplemental Instruction, tutoring, and textbook lending.
- Additional academic mentoring
- Career-related activities such as workshops, field trips, internship information and seminars.

### Application Process:

- This completed **application** form
- A copy of your **St. Olaf transcript** or, if you have not enrolled at St. Olaf, a copy of your **high school transcript**
- A **letter of recommendation** from a mathematics instructor
- A **one-page essay** describing why you want be a mathematics major at St. Olaf and how this program will help you achieve that goal



## CONFIDENTIALITY OF INFORMATION

Information you provide to the Encouraging Careers in the Mathematical Science (ECMS) program is protected by the Privacy Act. No one may see the information unless they work for St. Olaf College or if you specifically authorize them to see the information. In addition, some information you give to the ECMS Program is sent to the federal government (National Science Foundation). The information is necessary to confirm that you are eligible to participate in the program and helps the government to measure your success.

\*\*\*\*\*

With whom did you live while you attended high school? \_\_\_\_\_

If you lived with a parent(s), what is the education attainment of the parent(s) with whom you lived?

<u>Father</u>	<u>Mother</u>
_____ Not Applicable	_____ Not Applicable
_____ Less than high school	_____ Less than high school
_____ High school graduate	_____ High school graduate
_____ Some college or 2-year degree	_____ Some college or 2-year degree
_____ 4-year college degree	_____ 4-year college degree
_____ Post BA-work	_____ Post BA-work

1. Why are you interested in participating in ECMS? (Check all that apply)

\_\_\_\_\_ Educational achievement and improvement  
\_\_\_\_\_ Intensive career advising  
\_\_\_\_\_ Student leadership opportunities (conferences, workshops)  
\_\_\_\_\_ Supplemental Instruction (SI)  
\_\_\_\_\_ Tutoring  
\_\_\_\_\_ Extra-curricular Events  
\_\_\_\_\_ Graduate School advising and preparation  
\_\_\_\_\_ Assistance securing internships, research positions and summer career-related work experience.  
\_\_\_\_\_ Textbook lending library  
\_\_\_\_\_ Mentoring  
\_\_\_\_\_ Scholarships

2. What is your current status in school?

\_\_\_ First-year student  
\_\_\_ Sophomore  
\_\_\_ Junior  
\_\_\_ Senior

3. Are you a St. Olaf College SSS participant? \_\_\_\_\_ Yes \_\_\_\_\_ No

*The following information requested on a voluntary basis:*

4. Predominant Ethnic Background: Mark one, please.

American Indian or Alaskan Native

Asian

Black or African American

Hispanic or Latino

Native Hawaiian or other Pacific Islander

White

Other/biracial: \_\_\_\_\_

5. Languages spoken in your home (list all): \_\_\_\_\_

**Encouraging Careers in the Mathematical Science (ECMS) program  
CONSENT FORM TO OBTAIN AND/OR RELEASE INFORMATION**

All family and student information provided to ECMS or obtained by ECMS is kept confidential and will not be released without permission.

ECMS requests your permission to obtain information and/or to release family and student information for the following reasons:

1. To obtain information necessary to establish your eligibility for program services.
2. To report student progress information to the National Science Foundation (NSF) to demonstrate program effectiveness.

I give the ECMS program permission to obtain and/or release information on my behalf for the reasons listed above.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Student Name \_\_\_\_\_

Please Print

**SELECTION PROCESS:** As there are a limited number of spaces available in the ECMS Program, priority will be given to:

- Students who are committed to a major in mathematics
- Students who are underrepresented in STEM disciplines.
- Students with the greatest demonstrated financial need.

**ECMS Application Check List:**

- \_\_\_\_\_ This completed application
- \_\_\_\_\_ Unofficial current St. Olaf transcript unless applying prior to enrollment at St. Olaf College or the first semester of college; if applying prior to enrollment at St. Olaf or during first semester of college, attach an unofficial high school transcript
- \_\_\_\_\_ Documentation of citizenship, residency, or refugee status
- \_\_\_\_\_ Letter of recommendation from mathematics instructor

**ENCOURAGING CAREERS IN THE MATHEMATICAL SCIENCE  
(ECMS)  
ST. OLAF COLLEGE**

**Mailing and Office Address:**

Encouraging Careers in Mathematical Science (ECMS)  
Attn: Matt Richey  
St. Olaf College  
1520 St. Olaf Ave.  
Northfield, MN 55057  
Phone: (507) 646-3418

Encouraging Careers in Mathematical Science (ECMS)  
Attn: Kathy Glampe  
St. Olaf College  
1520 St. Olaf Ave.  
Northfield, MN 55057  
Phone: (507) 646-3712

**St. Olaf College**  
**ENCOURAGING CAREERS IN THE MATHEMATICAL SCIENCE**  
**(ECMS)**

**Authorization for the Release of Academic and Financial Aid Information**

I authorize the staff of the Encouraging Careers in the Mathematical Science (ECMS) program to share information with those concerned about my academic progress such as the Dean's office, professors, counselors, residence life, financial aid, etc. I also authorize the staff of the ECMS Program, Financial Aid office and Student Accounts office to share information concerning my financial aid package and bill/student account in order to verify my eligibility for the program and to assist me in completing all necessary documents needed for receiving financial aid.

I understand that personal information will not be shared and will remain confidential unless we are legally required to break confidence. These exceptions are as follows:

1. If there is reasonable cause to believe that you are a danger to yourself or others, it may be necessary to inform the appropriate people.
2. If we suspect abuse of children or vulnerable adults, we are required to notify the appropriate agencies.
3. If you are involved in certain criminal or civil proceedings, we may be required by court subpoena to release records and/or have staff testify.
4. Encouraging Careers in the Mathematical Science staff may consult with each other in order to provide you with the best assistance available.

If you have any questions about our services, confidentiality or other legal or ethical concerns, please feel free to discuss this with any of the staff of the Encouraging Careers in the Mathematical Science program.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

**STUDENT INFORMED CONSENT AGREEMENT**

*I give my consent*  *I do not give my consent for the St. Olaf College Encouraging Careers in the Mathematical Science (ECMS) program to use my photo and provide information on my participation in the ECMS program in the ECMS website, brochures, and newsletters. This agreement remains in effect during my years as a student at St. Olaf College.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date