2025-26 AY SMI Tier I Scholarships

2025-2026 TEACHING CREDENTIAL CANDIDATES APPLICATION

This application is for 2024-25 SMI Seniors who have been admitted to <u>or</u> have the intention of applying to the UCR Single-Subject Teaching Credential Program in mathematics or sciences for the 2025-26 academic year.

DEADLINES by noon (12:00 p.m.)

Priority Review: December 6, 2024

Regular Review: January 17, 2025

ONLINE APPLICATION SUBMISSION

Email, as an attached document, your completed application to: smi@ucr.edu.

Name		AL INFORMATION Student	ID
Name		Student	. IIV
Last Local Mailing Address:	First	Middle	
Local Mailing Address:	reet # & Name	City	Zip
Voice/Message Phone: ()	Email	
Declared major		Cumulative GPA	A
	TEACHING	SUBJECT AREA	
neck the subject area(s) for v			
_MathematicsBiole	ogyChen	mistryGeoscience	Physics
I	OREIGN LA	NGUAGE SKILLS	
Is English your first langua	ge? Yes	No	
Are you multi-lingual?	Yes N	lo	
If so, please list the langua			
		·	
	EXAM V	ERIFICATION	
Please indicate which ur CBEST	official exam sco	res you have included in thi	s packet:
CSET Science Subt	est I AND/ <u>OR</u> Ma	ath Subtest I and II	
CSET Science Subt	est II (if ap <mark>plic</mark> abl	e)	
CSET Math Subtest	III (if applicable)		
If you have scores, pleas	e provide proof o	f passage by including exan	n score sheet(s).
= -		ide proof of exam admission	

PAST EDUCATION FIELD EXPERIENCE

The scholarship application reviewers are looking for evidence that you have worked with K-12 students, so be sure to include *all* your relevant experiences.

Please list any field experience you have had in K-12 mathematics, science, or other educational settings. Field experiences could include UCR or other university-sponsored programs such as, but not restricted to, EDUC 3, EDUC 4, SMI Apprentice Programs, courses with a field experience component, tutoring programs, summer programs for K-12 students, etc.

Attach a separate sheet to add other field experience descriptions, if needed. Field Experience/Program Name: Participation Period in this program (month/year – month/year): Location of field experience (provide a school name and district name if applicable): Classroom subject area Classroom grade level Brief description of your responsibilities in this fieldwork program: Supervisor Name: _____ Supervisor email _____ Field Experience/Program Name: Participation period in this program: Location of field experience (provide a school name and district name if applicable): Classroom subject area(s) Classroom grade level(s) Brief description of your responsibilities in this fieldwork program: Supervisor's Name Supervisor's Email Field Experience/Program Name: Participation period in this program: Location of field experience (provide a school name and district name if applicable): Classroom subject area(s) Classroom grade level(s) Brief description of your responsibilities in this fieldwork program: Supervisor's Email Supervisor's Name

PROFESSIONAL	DEFEDENCES
PROFESSIONAL	
Consider individuals who can assess your intellect	
ethics, and classroom experiences. Then complete	the following reference requirements:
Reference #1	
First and Last Name: Institution/Company: Time period of supervision: From (month/year)	
Institution/Company:	Position Title
Time period of supervision: From (month/year)	To (month/year)
Phone number ()	E-mail
Reference #2	
First and Last Name:	
Institution/Company: Time period of supervision: From (month/year)	Position Title
Time period of supervision: From (month/year)	To (month/year)
Phone number ()	E-mail
PERSONAL NA	
Using separate sheets of paper, please respond to Part 1	and Part 2 instructions below.
Part 1: Your readiness and commitment to STEM te	aching
The scholarship application reviewers want to know about that affect students and teachers in STEM classroom. In preparedness to enter into a teaching credential program	addition, how have you demonstrated
Part 2: Resume	
Provide a copy of your latest resume to illustrate your wknowledge.	ork experiences and relevant skills and
APPLICATION CO I certify that all statements on this application are true an If selected, I understand that any falsification of this reco	nd complete to the best of my knowledge and belief.

Applicant's Signature: _

Date: _____