## NSF-Noyce WNY Partnership for New Science and Math Scholars

## Scholarship/Stipend Agreement

Name (Please print)	SSN
Signature	Date
I hereby accept these conditions and accept this	award.
Furthermore, I understand that, upon graduation requirement has been met) to supply SUNY-Buf  1. Updated contact information.  2. Certification of employment.  3. Completion of surveys and other evaluation.	falo State College with the following:
<ol> <li>Furthermore, I understand that, in order to retain this stipend, I must satisfy the following conditions:         <ol> <li>I must complete the certification program within 2 years.</li> <li>I must complete 2 years of mathematics or science teaching in a high need school district as defined in the Noyce program (preferably in New York State) within 6 years after graduation or completion of the program.</li> </ol> </li> <li>I understand that if these conditions are not met, I will be required to forfeit the full stipend (or an amount pro-rated according to the partial service completed in #2, above) and to repay the NSF the amount of the scholarship received plus 5% (fixed annual interest).</li> </ol>	
for one year from SUNY-Buffalo State College, enabling me to participate in the post-baccalaureate certification program in mathematics/science education. In order to receive this	
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This is to confirm that I,	, understand that I have been awarded a