Julian Clancy Frazier passed away in December 2006 after a long illness before he could complete his Master's degree in Mathematics Education. Julian taught high school mathematics in Bradenton, Florida while pursuing his Master's degree at USF. Julian sought creative ways to help students learn advanced algebra, geometry, and calculus. He wanted them to find it fun to learn and understand why mathematics was useful in life. Julian was planning to return to graduate studies full-time in January 2007 while teaching mathematics part-time. He would have received his Master's degree in May 2007. Julian's goodness, kindness, dedication, and commitment to others will always be remembered.

To honor Julian's life and his love and passion for teaching mathematics, his family established a scholarship fund in his memory. The Julian Clancy Frazier Scholarship Fund will support exemplary students in Mathematics Education (MAT program) at the USF College of Education.

The Julian Clancy Frazier Scholarship is for graduate students majoring in Mathematics Education (MAT program). Preference may be given to students who demonstrate financial need. A GPA of 3.0 or higher is required to be considered for this scholarship. You must be a U.S. citizen to be eligible for this scholarship. This fund may be used to address special situations that preclude funding through normal University scholarship channels.

REQUIRED DOCUMENTATION

PLEASE NOTE: This scholarship requires that you submit supporting documentation (i.e. letters of recommendation, essay etc). Applications will be considered incomplete and will not be reviewed if all requested information is not provided.

DEADLINE: Applications must be postmarked by 5:00 pm on March 1st

WHERE TO SEND:       Attention: Aaron Greaser
                      College of Education
                      University of South Florida
                      4202 East Fowler Avenue, STOP EDU105
                      Tampa, FL  33620
UNIVERSITY OF SOUTH FLORIDA
College of Education
Julian Clancy Frazier Scholarship
Application

This form is designed to collect information about your personal and educational background. Your answers will only be used in connection with your application for College of Education Scholarships. The completeness, neatness, and legibility of your replies will make the review of your credentials easier. Please TYPE or PRINT LEGIBLY. Please provide a response to ALL questions.

APPLICANT

Legal Name

Last          First                M.I.

Permanent Home Address

Number and Street

City           State             Zip

Telephone Number

Date of Birth

USF-ID

Area Code            Month         Day           Year

List of SCHOLARSHIP(S) for which you are applying:

_____________________________________________ ______________________________________________

_____________________________________________ ______________________________________________

_____________________________________________ ______________________________________________

_____________________________________________ ______________________________________________

CITIZENSHIP

Are you a U.S. Citizen?    Yes              No

What is your cumulative GPA?  ______________    Undergraduate Mathematics GPA:______________

Number of hours completed at USF:____________________

Date you will be taking or have taken the Subject Area Examination (SAE) ______________________________

Date you will be taking or have taken the General Knowledge Test (GK) ______________________________

Date temporary teaching certificate was approved __________________________________

What semester will you be interning: __________________________

Expected graduation date: __________________________________
ATTACH PERSONAL ESSAY

Submit a two page typewritten essay describing your commitment to Education, and your long-term career goals including personal and professional objectives.

REFERENCES

List two USF faculty members in the Mathematics Education department whom you have completed course work and can attest to your academic ability. **Note:** Students transferring from a college or other university should present recommendation letters from faculty from those institutions. Each of your recommendations should attest to your academic ability.

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<th>Name of Instructor</th>
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CERTIFICATION

Your signature certifies that all of the information that you have provided and included in this form is accurate. It also confirms that you meet all of the eligibility requirements as stated in this document. Information provided in this application may be shared with the donor or donor’s designee.

Student’s Name (Please Print): _____________________________________________________

Student’s Signature: ___________________________ Date: ______________

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