



THE MATHEMATICAL
ASSOCIATION OF VICTORIA

NMSS 2020 Application Form

January 5-18

School: _____
Address: _____
Post Code: _____

PART A: To be completed by student

Name: _____ Year level: _____
Address: _____
Post Code: _____ Email (**print**): _____
Phone No: _____ Mobile: _____ Date of Birth: _____ Gender: _____

Please describe your participation and achievement in any mathematics **competitions** over the **last three years**, including this year.

Year	Competition	Achievement

Please describe your participation and achievement in any mathematics **enrichment or acceleration** programs (including school-based programs) over the **last two years**, including this year.

Year	Program	Achievement

List any books or articles on mathematics you have read recently (if any).

List your grades or exam results in Year 11 Maths subjects:

Name of Subject	Semester	Year	Grades or exam results

Are you studying any Unit 3/4 Mathematics subjects? If so, which one/s?

Please describe below **why you would like to attend** the NMSS. Do not attach additional pages.

Please describe below what you believe you could **contribute to** the NMSS. Do not attach additional pages.

PART B: (CONFIDENTIAL) To be completed by Student's referee (Maths Teacher/Head of Maths)

Name of Referee: _____

Referee's Position: _____

Contact Number: _____ Email (print): _____

Relation to Student: _____

Please rate the student on each of the following criteria:

	Low	Medium	High	Very high
Mathematical ability				
Interest in and enthusiasm for				
Likely contribution to Summer School				
Likely benefit from Summer School				

I verify that the information I have provided above, and provided by the student in Part A, is accurate

(Signature of referee) _____

PART C: To be completed by school representative

The school will be able to administer the (90 minute) MAV Test for NMSS on 2nd August 2018:

YES / NO (please circle your response)

School contact person for examination arrangements: (please print)

Name _____

Telephone _____ Email (print): _____

Closing date for receipt of this application is 26th July, 2019. Please return this form:

BY EMAIL: office@mav.vic.edu.au

or BY POST: 2020 NMSS Applications, MAV, 61 Blyth Street, Brunswick, VIC 3056

or BY FAX: 9389 0399