Application for the Margaret Rose Nielsen Grant

The Margaret Rose Nielsen Grant awards \$500 to a high school senior planning on majoring in Math, Science, or Technology Education.

	Date of Application					
1	Name					
1.	Name(Last)	(First)	(Middle)			
2.	Street Address					
			Zip Code			
	Email Address					
3	Home phone number					
5.						
4	Date of Birth (Month/Day/Year)Place of Birth					
4.	Date of Birth (Month/Day/Yea	r)				
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5.	Name, address, and phone number of your high school					
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6.	Name and email of your high school guidance counselor					
7.	Your high school academic a	verage				
8. List any honors or awards you have received.						

9. List colleges to which you have applied.

Name	Location	Status of Application
Name	Location	Status of Application
Name	Location	Status of Application
Name	Location	Status of Application

10. Attach a statement of no less than 200 words and no more than 500 words demonstrating your experience with children and your goals in education.

11. List the names of three individuals who can attest to your academic, leadership, and personal qualities. Send a signed recommendation from each with your application.

12. Include a copy of your high school transcript with this application. If it is sealed, leave sealed and include, as is, with your application.

Please check that all the required information is included.

If you do not provide all the information required, your application cannot be considered. You will not be notified if your application is incomplete, so please be very careful.

This completed application and all required accompanying materials must be postmarked by March 15 and mailed to

> Carol Kraus 151 Atwoodville Road Mansfield Center, CT 06250

If you have any questions, please address them to: yveskraus@earthlink.net