

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 _____
(Last) (First) (Middle)

2. Street Address _____

Town _____ Zip Code _____

Email Address _____

3. Home Phone Number _____

4. Date of Birth (Month/Day/Year) _____ Place of Birth _____

5. Name, address, and phone number of your high school

6. Name and email of your high school guidance counselor

7. Your high school academic average _____

8. List any honors or awards you have received.

9. List the colleges to which you have applied.

Name	Location	State of Application
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10. Attach a statement of no less than 200 words and no more than 500 words outlining your career plans in Math, Science, or Technology education. Also be sure to discuss your experiences with children.

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

12. Include a copy of your high school transcript with this application. If sealed, leave it 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 April 10 and **mailed to**

Sue Carpenter
79 Knox Road
Litchfield, CT 06759

If you have any questions, please address them to: mrscarpieret@gmail.com