



The Janet Spangenberg Weed Memorial Scholarship Fund

Student Application

Mail completed application by October 12th to:
Heather Nasi, NCTM, PMTNM Scholarship Chair
7505 Tamarron Pl. NE, Albuquerque, NM 87109

Name: _____ Age: _____

Address: _____ City: _____ Zip: _____

Parent or Guardian's Name: _____ Phone: _____

Teacher: _____ Phone: _____

Address: _____ City: _____ Zip: _____

- ❖ Number of years studying with above teacher: _____
- ❖ Name of school presently attending: _____
- ❖ Tell us briefly about yourself – music activities, other interests and activities, and why you would like to have this scholarship.

If this scholarship is awarded to you, will you value it highly enough to:

1. Arrive at each lesson punctually and well prepared? _____
2. Schedule daily practice time? _____

Signature of Student: _____ Date: _____