The Janet Spangenberg Weed Memorial Scholarship Fund

SCHOOL TEACHER EVALUATION

Mail completed application by October 5 to:
Laura Spitzer, interim PMTNM Scholarship Chair
5011 Sun Shadow Place, Las Cruces, NM 88011

Student's Name _____

School Name _____ Grade _____

Teacher's Name _____

Address _____ City _____ Zip _____

Teacher's recommendation regarding the applicant's suitability for this scholarship: Please include the student's scholastic achievements, extracurricular activities and character strengths.

Signature _____ Date _____