

## NATIVE DAUGHTERS OF THE GOLDEN WEST

543 Baker Street San Francisco, California 94117-1405

## EDUCATION & SCHOLARSHIPS COMMITTEE Sharon M. Johnston Music Grant

## INSTRUCTIONS FOR COMPLETING THE STUDENT APPLICATION

The Native Daughters of the Golden West (NDGW) Sharon M. Johnston Music Grant, hereinafter called "Music Grant", provides financial assistance to students residing in California. An application may be submitted for a student between the ages of eight and eighteen by the student's parent or guardian. Decisions are made exclusively by the Education and Scholarships Committee and are determined by supporting information provided by the parent or guardian submitting the application. Submitting an application is not a guarantee of receiving a Music Grant. All financial assistance awarded through the Music Grant shall be paid directly to the parent or guardian.

## The application packet MUST be complete, printed clearly and legibly, and include the following:

- 1. The completed application by the parent or guardian of a student for the rental or purchase of a musical instrument, the purchase of printed or recorded music for instruction, or music lessons.
- 2. A letter from the parent or guardian of the student explaining why the student wishes to study music.
- A letter of recommendation from a teacher or administrator from the accredited school
  the student is attending or supervisor of the accredited program for home-schooling in
  which the student is participating.

Packets containing the Student Application and supporting documents must be submitted to NDGW.edu@gmail.com or sent by U.S. Postal Service to the Chairman of the Education and Scholarships Committee: Dawn Dunlap, PGP, Rattlesnake Flat, 8338 Santa Rosa Creek Road, Cambria, California 93428-3527 by **February 17, 2026**. For inquiries, please contact the Chairman at NDGW.edu@gmail.com.

Website: www.ndgw.org

	Fields marked with an asterisk (*) are r	equired:		
	* Date:			
* Name of Student:		* Date of Birth:		
	* Address:			
	* City:		* Zip:	
	* Phone: * Ema	il:		
<b>*</b> N	lame of school or program for home-scho	oling:	* Grade:	
* Name of Teacher:  COMPLETE THE FOLLOWING  Type of service requested and cost: (Check all that apply)				
	Service	Costs		
	Musical instrument rental or purchase	\$		
	Printed music for instruction	\$		
	Recorded music for instruction	\$		
	Music lessons	\$		
TOTAL COST NOT TO EXCEED \$500.00		\$		
Please use the space provided below or attach any additional information that may be helpful to the Education and Scholarship Committee in reviewing this application e.g., the level of instruction requested.  (Limit 500 characters)				

* Printed Name of Parent or Guardian						
* Address		* City	* Zip			
* Phone	* Email					
I certify that knowledge.	the information on this a	oplication is true and correct to	the best of my			
Signature of Pare	ent or Guardian					