

APPLICATION ~ Junior Achievement Award

(This information is confidential)

Applicant Name _____

Date of Birth _____ Age (as of 12/31/2024) _____

Mailing Address _____

City _____ State _____ Zipcode _____

Phone number _____

Email Address _____

Applicant's Signature _____ Date _____

Rock Club Name _____

Name of Junior Advisor _____

The following club officials attest to the applicant being a paid-up member of the listed rock club and NFMS:

Federation Director's Printed Name _____

Federation Director's Signature _____

Club President's Printed Name _____

Club President's Signature _____

Mail your SUMMARY (resume/outline) and APPLICATION to:

Jennifer Fitch – NFMS Junior Committee Chairman
21148 Old US Hwy 93
Florence, MT 59833

****Please be sure to mail with a postmark by February 15th, 2025. Thank you!**