



The National Association for Music Education

Lowell Mason Fellows

Designation Form

Candidate

Full Name: Mr./Mrs./Ms./Dr./other _____

Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime telephone: _____ E-mail: _____

Designating Individual(s) or Group(s)

Name(s): Mr./Mrs./Ms./Dr./other _____

Title(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime telephone: _____ E-mail: _____

Donation

Total donation enclosed (\$1,000 minimum): \$ _____ Check MasterCard Visa Discover
(Payable to NAFME)

Credit Card Number: _____ Expiration Date: _____

Name on Card: _____

Cardholder's Address: _____

City: _____ State: _____ Zip: _____

Signature: _____

Please note that the donation does not guarantee the candidate's selection as a Fellow. Donations made in the name of candidates not selected are not refunded, but will be gratefully acknowledged as a contribution in their name to support NAFME's programs and resources.

Please continue to page 2



The National Association for Music Education

Lowell Mason Fellows

Designation Form – Page 2

Candidate’s Supporting Information

Describe why you wish to designate this candidate as a Lowell Mason Fellow. Please note that this statement may be used in printed materials or presentations associated with the award, should the candidate be accepted by the Review Committee.

[Empty box for candidate supporting information]

Please attach the following:

- Two letters recommending the candidate as a Lowell Mason Fellow.
A biography of the candidate, preferably in paragraph format, although resume format is acceptable.

Missing or incomplete information may result in the designation being delayed, or cause the candidate to be denied by the Review Committee due to an inability to complete an adequate evaluation.

General Information

Please help us work with you and your candidate by completing the following:

- Does the candidate know they have been designated? Yes No
If different than above, who is the primary contact on behalf of the designator(s)?

Full Name: Mr./Mrs./Ms./Dr./other

Address:

Daytime telephone: E-mail:

- If you have any special requests or information we might find helpful, please add comments here:

[Empty lines for special requests]

Please return completed forms, supplemental information, and contributions to:
The National Association for Music Education, 1806 Robert Fulton Drive, Reston, VA, 20191
Attn: Lowell Mason Fellows

For today’s students to succeed tomorrow, they need a comprehensive education that includes music taught by exemplary music educators.