

## RECOMMENDATION FORM

To be completed by private music teacher (or school music teacher, if no private teacher)

APPLICANT'S NAME \_\_\_\_\_

How long have you known the applicant?

Overall rating: Indicate your estimation of the applicant's overall musical ability and potential as compared to other students at a corresponding class level.

Marginal	Average	Good	Excellent	Outstanding	Superior
----------	---------	------	-----------	-------------	----------

Overall rating of study or practice habits.

Marginal	Average	Good	Excellent	Outstanding	Superior
----------	---------	------	-----------	-------------	----------

Other comments you wish to include.

Signature of Recommender \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Please return with student's application form to: Music Scholarship Committee, St. James Concert Series, P.O. Box 1145, Sonora, CA 95370.