## All information must be completed and legible for this to be processed

The individual named below has applied for a music scholarship and has listed your name as a reference. Your cooperation in completing the following form will be greatly appreciated by both the applicant and the Music Department of Andrews University.

APPLICANT'S NAME											
CHECK THE SCHOLARSHIP(S) OF YOUR INTEREST  O DEPARTMENT OF MUSIC SCHOLARSHIP/GRADUATE TEACHING ASSISTANTSHIPS (ONLY MUSIC MAJORS ARE ELIGIBLE)  MAJOR INSTRUMENT											
	<ul> <li>PERFORMANCE SCHOLARSHIP (ALL MAJORS A</li> <li>CHORALE/SINGERS</li> <li>SYMPHONY ORCHESTRA</li> <li>WIND SYMPHONY</li> </ul>	ARE ELIGIBLE)		INSTRU	UMENT						
	ase check the appropriate column for each of the following in is intended to provide the basis for a quality performance		been	no op	portunity to obs	serve any particula	r characteristic,	the column may be le	ft blank. The		
			RATING		OW						
I.	CHARACTER  A. SENSE OF RESPONSIBILITY  B. PUNCTUALITY  C. LOYALTY  D. GENERAL CITIZENSHIP	1 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	3 () () ()	4 0 0	5 O O						
II.	PERSONALITY  A. ENERGY LEVEL  B. SOCIAL SKILLS  C. DISPOSITION  D. STABILITY  E. MOTIVATION  F. LEADERSHIP POTENTIAL  G. COOPERATION	0 0 0 0 0 0 0 0 0 0	0000000	0000000	0 0 0 0 0 0 0 0						
III.	MUSICALITY (MAKING MUSIC OUT OF NOTES)  A. MUSICAL SENSITIVITY  B. EMOTIONAL SENSITIVITY  C. EXPRESSIVE POTENTIAL  D. NATURAL GIFTS	0 0 0 0 0 0	0000	0000	0 0 0						
IV.	MUSICIANSHIP (MUSICAL LITERACY)  A. SIGHT READING-RHYTHM  B. SIGHT READING-PITCHES  C. EAR FOR INTONATION  D. SOLO PERFORMANCE PROFICIENCY  E. CONFIDENCE LEVEL  F. LEADERSHIP IN GROUP  G. STRENGTH THROUGH FORMAL TRAINING  H. AGILITY		00000000	00000000	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0						
V.	SCHOLARSHIP  A. GENERAL APPLICATION LEVEL IN STUDIES  B. GRADE PERFORMANCE LEVEL  C. SERIOUSNESS OF FUTURE EDUCATIONAL PLANS  D. COLLEGE SUCCESS POTENTIAL	0 0 0 0 0 0	0000	0000	0 0 0						

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LAST/FAMILY NAME		FIKST NAME								
HOME OR SCHOOL ADDRESS										
CITY	STATE	ZIP CODE	COUNTRY							
POSITION										
I HAVE KNOWN THIS STUDENT FOR YEARS.										
NATURE OF YOUR RELATIONSHIP TO THIS STUDENT										
SIGNATURE			Date form co	OMPLETED						

RETURN THIS RECOMMENDATION TO:

CHAIRMAN, SCHOLARSHIP COMMITTEE DEPARTMENT OF MUSIC ANDREWS UNIVERSITY BERRIEN SPRINGS, MI 49104-0230