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 the applicant.

Applicant's name

Check the scholarship(s) of your interest:

- Performance Scholarships, including ensemble scholarships
  (All Andrews students are eligible to apply for ensemble scholarships)
  - Chorale/Singers: Voice
  - Symphony Orchestra: Instrument
  - Wind Symphony: Instrument
- Graduate Teaching Assistantships and Graduate Scholarships (graduate music students only)
  - Major Instrument

Please check the appropriate column for each of the following items. If there has been no opportunity to observe any particular characteristic, the column may be left blank.

<table>
<thead>
<tr>
<th>RATING</th>
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<tbody>
<tr>
<td>HIGH</td>
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<tr>
<td>1</td>
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<td>2</td>
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<td>4</td>
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<td>5</td>
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</tbody>
</table>

I. Character
- Sense of responsibility
- Punctuality
- Loyalty
- General citizenship

II. Personality
- Energy levels
- Social skills
- Disposition
- Stability
- Motivation
- Leadership potential
- Cooperation

III. Musicality (making music out of notes)
- Musical sensitivity
- Emotional sensitivity
- Expressive potential
- Natural gifts

IV. Musicianship (musical literacy)
- Sight reading—rhythm
- Sight reading—pitches
- Ear for intonation
- Solo performance proficiency
- Confidence level
- Leadership in group
- Strength through formal training
- Agility

V. Scholarship
- General application level in studies
- Grade performance level
- Seriousness of future educational plans
- College success potential
All information must be completed and legible for this to be processed.

Please use the following space for personal comments which might be helpful to the Andrews University Scholarship Committee in evaluating the applicant.

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Last/Family Name __________________________ First Name __________________________

Home or School Address: Street __________________________

City __________________________ State __________ Zip Code __________ Country __________

Position __________________________

I have known this student for ___________ years.

Nature of your relationship to this student __________________________

Signature __________________________ Date form completed __________________________

Return this recommendation to:

Chair, Scholarship Committee
Department of Music
Andrews University
8495 University Blvd
Berrien Springs MI 49104-0230

269-471-3555
music@andrews.edu