(print legibly)

All information must be completed and legible for this to be processed	All information m	nust 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, in (All Andrews students are eligi	cluding ensemble scholarships ble to apply for ensemble scholarships)	Graduate Teaching Assistantships and Graduate Scholarships (graduate music students only)				
Chorale/Singers:	Voice	Major Instrument				
Symphony Orchestra:	Instrument	_				
□ Wind Symphony:	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.

		RATING HIGH LOW				
		1	2	3	4	5
I.	Character A. Sense of responsibility B. Punctuality C. Loyalty D. General citizenship					
II.	Personality   A. Energy levels.   B. Social skills.   C. Disposition   D. Stability   E. Motivation   F. Leadership potential.   G. Cooperation					
111.	Musicality (making music out of notes) A. Musical sensitivity B. Emotional sensitivity C. Expressive potential D. Natural gifts					
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.					
v.	Scholarship A. General application level in studies B. Grade performance level C. Seriousness of future educational plans D. 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.

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				