

**Geneva College
Department of Music**

Recommendation for Music Scholarship

To the student: Please give this form to a music teacher or other professional musician who can evaluate your musicianship—a high school music teacher, private teacher, etc. Mark one of the following, sign and date it:

☐ I retain my right, under the Family Educational Rights and Privacy Act of 1974 (PL93-380), to examine this letter of reference.

☐ I voluntarily waive my right and agree that this reference shall remain confidential.

Name: _____ **Signature:** _____ **Date:** _____

To the Referee: The applicant named above is auditioning for a college music scholarship in _____
(Instrument)

Please compare this student with other students at the same educational level who are pursuing or planning to pursue a music major in a college, university, or conservatory. Thank you for your candid assessment of this student and his/her potential as a member of our profession.

	Below Average	About Average	Above Average	Superior	Truly Outstanding
Performance Technique	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Musicality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Musical Taste	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to learn new music quickly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work under pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-discipline (study & practice habits)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal neatness, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work with others in ensembles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How long have you known this applicant and in what capacity?

What type(s) of music does this applicant perform best in his/her major instrument?

Least well?

For what musical career(s) do you believe this applicant is best suited? Please list reasons. Use back of page if needed.

Overall assessment of this person as a music major: _____

Name: _____ **Signature:** _____

Title/Position: _____ **Return to:** *SCHOLARSHIP COMMITTEE*

Address: _____
Geneva College Department of Music
3200 College Avenue Beaver Falls, PA 15010