Music Scholarship Audition Letter of Recommendation

The student named below has asked you to submit this scholarship recommendation form on his or her behalf. We are grateful to you for taking the time needed to complete this form. Music scholarships are awarded based on musical ability and potential for contributing to the Department of Music.

Please mail the completed form directly to: Coordinator of Music Admissions, Department of Music Saint Xavier University, 3700 W. 103rd St., Chicago, IL 60655

To be completed by the scholarship applicant:

| Applicant's Name: | | Phone Number: (|) |
|--|--|------------------------|------------------------------------|
| Address: | City: | State: | ZIP code: |
| Instrument or Voice Category: | | Email: | |
| To be completed by music director of musical ability and involvement. If you | ou prefer, you may atta | nch a typed recomme | ndation form to this form. |
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| | | Please continue on the | back if you need additional space. |
| Name: | | Date: | |
| Signature: | How long have you known the applicant? | | |
| Title or Position: | Place of Employment: | | |
| Phone Number: | Email: | | |
| Address: | City: | State: | ZIP code: |