Applicant’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The above applicant is requesting a recommendation from you in support of his/her application for a scholarship from the Suzuki Association of Minnesota toward a summer Suzuki teacher training course. Thank you for taking the time to complete the form below.

**Please return this form directly to the Scholarship Coordinator – postmarked by April 15 of the current year.**

YourName: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How long have you known the candidate? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Under what circumstances? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please circle your answer to the following:

**1=poor 2=fair 3=good 4= very good 5=outstanding**

Basic musicianship 1 2 3 4 5

Performing ability 1 2 3 4 5

Ability to exchange and share ideas 1 2 3 4 5

Perseverance toward goals 1 2 3 4 5

Ability to express self verbally 1 2 3 4 5

Ability to express self in writing 1 2 3 4 5

Enthusiasm for teaching 1 2 3 4 5

Ability/potential as a teacher 1 2 3 4 5 

(Committee use only) TOTAL

Please indicate the overall strength of your recommendation by numeric scale:

**1 2 3 4 5**

(Continued on reverse)

Please write at least one paragraph describing why you think this person is a good candidate for a scholarship, attesting to his/her character and competence, or potential as a music teacher. You may want to include how you see a scholarship and the resulting summer study benefiting the applicant. You are welcome to write this paragraph on a separate piece of paper and include with this recommendation form.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position