



P.O. Box 432 Sycamore, IL 60178 • www.sycamoremusicboosters.com
In Partnership with Sycamore Community School District #427

SENIOR MUSIC SCHOLARSHIP RECOMMENDATION

APPLICANT: Please complete only the top section of the form. Today's Date: _____

Name: _____ Date of Birth: _____

Home Phone: _____ Primary Instrument: _____

Music Educator: Please complete this form and return it directly to Laurie Emmer as soon as possible. The student's application will **not** be considered until this form has been received.

Name: _____ Position: _____

School/Employer: _____

Mailing Address: _____

Daytime Phone: (_____) _____ Email: _____

Relationship to Applicant: _____

How long have you known the Applicant? _____

Please rank the applicant's musical abilities on a scale of 1 to 5. Please use these guidelines when rating your student:

- 1 - Equals an average high school player.
- 3 - Equals a student who is an all district player and a good section leader.
- 5 - Equals a mature undergraduate college student.

- A.**
- Overall musical talent _____
 - Tone quality _____
 - Rhythm _____
 - Intonation _____
 - Technique _____
 - Dynamic Control _____
 - Style/Interpretation _____
 - Music reading skills _____
 - Musical work habits _____

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- B. Positive attitude _____
 Respects teachers _____
 Respects peers _____
 Respects property of others _____
 Works well with others _____
 Curious, seeks out knowledge _____
 Accepts constructive criticism _____
 Responsible/mature _____
 Leadership skills _____

- C. Optional: Use the other side of this form or a separate sheet for additional comments.

Signature: _____ Date: _____

Thank you for taking the time to complete this application. We appreciate your support.

Mail to:

**Laurie Emmer
508 Somonauk Street
Sycamore, IL 60178**