



# Music Scholarship *Recommendation Form*

To the student: Please give this form to a teacher who is familiar with your capabilities as a performer.

Student's name \_\_\_\_\_ Student's instrument or voice part \_\_\_\_\_

Student's address \_\_\_\_\_



To the teacher: The student listed above will be auditioning for a music scholarship at Wittenberg University. Please indicate the level of his/her music capabilities. Thank you for taking the time to complete this form.

	poor	fair	good	very good	excellent
Sense of pitch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
comments:					

Sense of rhythm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
comments:					

Musical interpretation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
comments:					

Sight-reading ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
comments:					

Preparation for lessons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
comments:					

Composure in performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
comments:					

Overall musical talent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
comments:					

How long have you known the applicant? \_\_\_\_\_ How long has the applicant studied with you? \_\_\_\_\_

If the applicant is related to you, please indicate the relationship \_\_\_\_\_

**Please respond on the other side of this page: How do you assess the applicant's motivation for musical growth? Do you think this student could meet the requirements of a music major? Why?**

Teacher's name and position/title \_\_\_\_\_

Teacher's address \_\_\_\_\_

Teacher's signature \_\_\_\_\_ Teacher's telephone \_\_\_\_\_



Please mail this paper form to one of these:

Voice Audition Coordinator  
 Dr. Jessica McCormack, Asst. Prof.  
 Music Dept. / Wittenberg University  
 Ward Street at Woodlawn Avenue  
 Springfield, Ohio 45501-0720  
 (jmccormack@wittenberg.edu)

Instrumental Audition Coordinator  
 Dr. Brandon Jones, Asst. Prof.  
 Music Dept. / Wittenberg University  
 Ward Street at Woodlawn Avenue  
 Springfield, Ohio 45501-0720  
 (bjones@wittenberg.edu)

Keyboard Audition Coordinator  
 Dr. Chris Durrenberger, Assoc. Prof.  
 Music Dept. / Wittenberg University  
 Ward Street at Woodlawn Avenue  
 Springfield, Ohio 45501-0720  
 (cdurrenberger@wittenberg.edu)

**wittenberg.edu/music/audition**



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To the student: Please give this form to a teacher who is familiar with your capabilities as a performer.

Student's name \_\_\_\_\_ Student's instrument or voice part \_\_\_\_\_

Student's address \_\_\_\_\_



To the teacher: The student listed above will be auditioning for a music scholarship at Wittenberg University. Please indicate the level of his/her music capabilities. Thank you for taking the time to complete this form.

	poor	fair	good	very good	excellent
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comments:					

Sense of rhythm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
comments:					

Musical interpretation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
comments:					

Sight-reading ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
comments:					

Preparation for lessons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
comments:					

Composure in performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
comments:					

Overall musical talent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
comments:					

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If the applicant is related to you, please indicate the relationship \_\_\_\_\_

**Please respond on the other side of this page: How do you assess the applicant's motivation for musical growth? Do you think this student could meet the requirements of a music major? Why?**

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