

**The Livingston County Choirs
Dr. Marilyn S. Jones Vocal Scholarship Competition
Sunday, February 4, 2018 at 3:00 p.m.
First United Methodist Church of Brighton
400 E. Grand River Ave., Brighton, MI 48116**

Teacher Recommendation Form

This form is to be completed by the applicant's high school music teacher/choir director or private vocal music teacher. This recommendation will qualify the student to participate in the scholarship competition. **Please be discriminating in your recommendation so that it will accurately portray the musical ability of your student.**

Teacher/Director Name _____

Email Address _____ Phone Number _____

Applicant's Name _____

School: _____ Grade: _____

Title of Performance Song: _____

Composer: _____

PLEASE RATE THIS STUDENT IN EACH CATEGORY 1-5 (5=BEST)

VOCAL TALENT _____

MUSICIANSHIP _____

DESIRE TO IMPROVE _____

INTEREST IN PURSUING VOCAL STUDIES _____

MATURITY/STABILITY _____

ABILITY TO ACHIEVE GOALS _____

I do ____ do not ____ recommend this student as qualified to participate at this time.

Please enclose the completed form in a sealed envelope with your name signed across the flap before returning it to the student you are recommending. This form will remain confidential.

Signature: _____