

**The Livingston County Choirs**  
**Dr. Marilyn S. Jones Vocal Scholarship Competition**  
**Sunday, February 10, 2019 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: \_\_\_\_\_