



SCHOLARSHIP APPLICATION TEACHER RECOMMENDATION

Student Name _____ **Years of Study** _____
Instrument _____ **Level of Student** _____
Teacher _____

Your recommendation will be reviewed by the SMSA Advisory Board, and will be used to help determine awarding of scholarships. Please check the appropriate evaluation.

	Extraordinary	Outstanding	Above Average	Average	Below Average
Private Lesson Attendance					
Group Lesson Attendance					
Practice and Listening					
Recital Participation					
Family Involvement in lessons					
Family Involvement at SMSA					

Additional comments:

Teacher Signature _____ **Date** _____