

Undergraduate Music Scholarship Recommendation Form

- One copy completed by your **high school principal or counselor**
- One copy completed by your **music teacher**

Applicant: _____ Date: _____

Scholarships require a live/in-person or prerecorded audition which enables us to ascertain musical talent with some success. Information regarding the student’s academic ability and work ethic is also valuable. We appreciate your assistance with providing this important data below and returning this form **as soon as possible**. Please send this, along with a letter of recommendation directly to:

Dr. Jennifer Cavanaugh, Director
University of Montana
School of Music
Missoula, Montana 59812

Applicant Instrument/Voice: _____

Rank in Class: _____ Class Size: _____

Rating Scale (1 is the highest)	1	2	3	4	5
Responsibility					
Initiative					
Cooperation					
Dependability					
Leadership					
Ability to complete a four-year college degree					

Additional Comments (Please include how long you have known the student and in what capacity):

Respondent Name: _____ Position: _____

Respondent Signature: _____

Address: _____