

Audition Date: \_\_\_\_\_

## APPLICANT INFORMATION

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Receive Text Messages ☐ Yes ☐ No

Email \_\_\_\_\_

Primary Instrument: \_\_\_\_\_ Secondary Instrument (If Any) \_\_\_\_\_

Desired Major \_\_\_\_\_

Would you be interested in earning a music minor ☐ Yes ☐ No ☐ Maybe

## INSTRUCTOR INFORMATION

**Director or Instructor:** Your student has requested that you serve as a reference for a music scholarship at the University of Charleston. Please share your observations of your student. Please document specific examples whenever possible. Thank you for sharing your insight.

Director/ Applied Instructor Name \_\_\_\_\_

Institution \_\_\_\_\_ How long have you taught applicant? \_\_\_\_\_

Please evaluate the applicant in terms of skills in the following:

Category	Gifted	Exceeds Expectation	Meets Expectation	Progressing	Novice
Musicianship					
Rhythmic Integrity					
Leadership					
Group Interaction					
Work Ethic					
Problems Solving					
Initiative					
Dedication/ Overcoming Challenges					

Commentary \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Director Signature

Date

*Thank you for your support of this performer and their future endeavors at the University of Charleston. If you wish to discuss this student or any other student applying to our institution, please do not hesitate to contact the Department of University Bands. All documents and testimonies are considered confidential from the applicant.*