



# Music Department Achievement Award

## REFERENCE FORM

### To the student applicant:

Please give this sheet to the music teacher you would like to have write a recommendation for you.  
Indicate the date on which you plan to audition:

- Fri. January 22, 2010\*       Sat. February 13, 2010       Submit Recording  
 Sat. January 23, 2010\*       Sat. March 13, 2010

*\* January 22-23 are Main Audition Days. Auditionees are encouraged, where possible, to consider auditioning on one of these dates.*

### To the music teacher

Please complete this reference form and make any further appropriate comments. Include both strengths and weaknesses and anything you consider special about the applicant.

**This recommendation must be received by the time of the student's audition. Please send to:**

Music Department - Auditions  
Goshen College  
1700 S Main St  
Goshen IN 46526

1. Name of applicant \_\_\_\_\_
2. In what capacity have you known the applicant? \_\_\_\_\_
3. How long have you known the applicant? \_\_\_\_\_
4. Please describe the applicant's music background and abilities. (Use extra sheet, if necessary)

5. How would you evaluate the applicant's

	<u>Excellent</u>	<u>Good</u>	<u>Fair</u>	<u>Cannot Assess</u>
a. level of maturity?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. ability to do college-level work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. potential for leadership?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Musically speaking, how would you rate the applicant's

	<u>Excellent</u>	<u>Above average</u>	<u>Average</u>	<u>Below average</u>
a. intonation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. rhythm?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. tone quality?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. technique?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. interpretation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. knowledge of repertoire?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. commitment to individual practice?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. Other comments which may assist in evaluating this applicant (use extra sheet if necessary)

Name \_\_\_\_\_ Position \_\_\_\_\_

Name of school (if applicable) \_\_\_\_\_

Address \_\_\_\_\_  
(street) (city) (state) (zip)

Phone (\_\_\_\_\_) \_\_\_\_\_ Email address \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_