

Music Department Scholarship Recommendation Form

Applicant Information (to be filled out by applicant):

Name:			
Last	First		MI
Address: Street or P.O. Box	City	State	ZIP
Musical Background		Number o	of years studied
Primary area of study (list voice part or instr	rument):		
Secondary area of study (list voice part or in	strument):		
Experience (List your significant musical act	ivities—choral/instrumental, conte	ests, musicals, etc.):	
What major(s) are you considering?			
Recommender Information (to be fill The above named applicant has applied for a to be involved in a college music program, p	a music scholarship at Hesston Col		olicant's desire
Name:	First		MI
Title/Position:			
Address:	City	State	ZIP
E-mail address:			
Telephone:			
Signature:		Date:	

over, please

How	do you assess the applicant's	
1.	level of musical ability?	☐ Outstanding☐ Very Strong☐ Average☐ Below Average
2.	level of dedication?	☐ Outstanding ☐ Very Strong ☐ Average ☐ Below Average
3.	leadership in your setting?	☐ Outstanding☐ Very Strong☐ Average☐ Below Average
4.	ability to succeed at college level work?	☐ Outstanding☐ Very Strong☐ Average☐ Below Average
5.	internal motivation?	☐ Outstanding☐ Very Strong☐ Average☐ Below Average
6.	maturity/interpersonal skills?	☐ Outstanding☐ Very Strong☐ Average☐ Below Average
Please	e make any additional comments that might	t help us understand the candidate's qualifications.
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Please return this form to:

Music Department Chair, Hesston College, Box 3000, Hesston, Kansas 67062