



SUMMER 2012 APPLICANT RECOMMENDATION

Please Type or Print clearly

These forms are required for **all new applicants** and **returning Jazz applicants**.
Returning Symphony and **returning Percussion** applicants do not need to complete and return these forms.

APPLICANT: Please complete only this top section of the form.

Today's date _____

Applicant name _____

Date of birth ____/____/____

Home phone (____) _____

Session applying for _____

Primary Instrument _____

Name of School _____

Year in School _____

Give this form to a music teacher who is familiar with your musical background and abilities.

MUSIC EDUCATOR: Please complete the remainder of this form and return it directly to Birch Creek as soon as possible. *(I qwt 'iwwf gpv)u application will **not** be considered until this form has been received)*

Name _____ Position _____

School/Employer _____

Mailing address _____

Daytime phone (____) _____ Email _____

Relationship to the Applicant _____

How long have you known the Applicant _____

1. Please rank the applicant's musical abilities according to age/year in school

	Above Average		Average		Below Average
Overall musical talent.....5	4		3	2	1
Tone quality5	4		3	2	1
Rhythm5	4		3	2	1
Intonation.....5	4		3	2	1
Technique.....5	4		3	2	1
Dynamic control5	4		3	2	1
Style/interpretation5	4		3	2	1
Music reading skill5	4		3	2	1
Improvisational skill (Jazz applicants)5	4		3	2	1
Musical Work Habits5	4		3	2	1

2. Please rank the applicant's character

	High		Medium		Low
Positive attitude5	4		3	2	1
Respects teachers.....5	4		3	2	1
Respects peers5	4		3	2	1
Respects property of others5	4		3	2	1
Works well with others5	4		3	2	1
Curious, seeks out knowledge5	4		3	2	1
Accepts constructive criticism.....5	4		3	2	1
Responsible/mature5	4		3	2	1
Leadership skills.....5	4		3	2	1

3. Optional: Use the other side of this form or a separate sheet for additional comments

Signature _____

Date _____

Thank you for taking the time to complete this evaluation. We appreciate your support of our programs.

**MAIL TO: Birch Creek Registrar
P.O. Box 230
Egg Harbor, WI 54209-0230**

**FAX TO: Birch Creek Registrar
920-868-1643**



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