

**AQUINAS COLLEGE
MUSIC DEPARTMENT
SCHOLARSHIP RECOMMENDATION FORM**

To be completed by Music Teacher.

You may copy for multiple recommendations or attach another sheet if desired.

Name of Applicant _____ Phone # () _____

Address _____ City _____ State _____ Zip _____

Primary Instrument or Voice _____ High School Attended

Music Teacher's Name _____ Position or Title _____

How long have you known the applicant, and in what capacity (be thorough)?

What do you believe are the strengths of this applicant as a music student?

What do you believe are the personal strengths of the applicant?

What other information would you like the music faculty to know about the applicant?

Please return this recommendation form to your music student who is applying to Aquinas College for a scholarship or mail... 616-632-2413. For priority consideration, it is recommended that materials be postmarked or hand delivered by February 15th. Mail to: Barbara Witham McCargar, Music Chair, Aquinas College, 1607 Robinson Road, SE, Grand Rapids MI 49506-1799; 616-632-2414 or FAX 616-732-4487.

Signature of Music Teacher

Date