

RECOMMENDATION FORM

Music Scholarships
Kent State University at Stark



SCHOLARSHIP APPLICANTS MUST COMPLETE:

Applicant's Name: _____

Under the Federal Family Educational Rights Act of 1974, students are entitled to review their records, including recommendations. It is your option to waive your right to access these recommendations. Mark the appropriate box below indicating your preference and sign your name. Your selection will not affect the decision of the scholarship committee.

☐ I WILL have access to this recommendation. ☐ I WILL NOT have access to this recommendation.

Signature: _____

Name of Person Completing Recommendation: _____

Position/Title: _____ Organization: _____

Email: _____ Contact Phone: _____

How long and in what capacity have you known the scholarship applicant? _____

By checking the appropriate box, indicate how you would rate the scholarship applicant in the following areas:

	Exceptional	Above Average	Average	Below Average	No Information
Leadership Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interpersonal Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Willingness to Learn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responsibility / Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Promptness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Honesty / Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation / Interest / Enthusiasm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intellectual Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral & Written Communication Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Indicate your overall rating for the scholarship applicant:	Highly Recommend	Recommend	Recommend with Reservation	Do Not Recommend
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Your Signature

Date

Optional comments can be made on the back or you can attach additional information to this form.

Return to:
Dr. Sebastian Birch
Music Department
Kent State University at Stark
6000 Frank Avenue NW
North Canton OH 44720

Scanned forms can be emailed to Dr. Birch at sbirch@kent.edu.