

HIGH SCHOOL RECOMMENDATION FORM

Name of Applicant:	
Contact Information	of the person completing this recommendation
Name: Title (optional):	
Address:	
Telephone: Email:	

1. How long and in what capacity have you known the applicant?

2. In comparison with other high school students you have known, how would you rate the applicant in the following areas? If you are unable to evaluate an area, please check "No Comment."

	Excellent	Very Good	Average	Below Average	Poor	No Comment
Sense, Accuracy of Rhythm						
Sense, Accuracy of Pitch						
Sense of Phrasing						
Sight Reading Ability						
Overall Musicianship						
Seriousness of Purpose						
Emotional Stability						
Initiative						
Leadership						
Motivation for Playing the Horn						

3. If you wish, please include any other pertinent information about the applicant in your email or on the back of the printed form. Save your form and email it to info@horncamp.org, or print and mail it to:

Kendall Betts Horn Camp, PO Box 172872, Tampa, FL 33672