

WELLS

WELLS SCHOOL OF MUSIC



WEST CHESTER UNIVERSITY



Rising Senior Scholarship Recommendation Form

To be completed by the applicant's band/orchestra/choir director or private lesson teacher:

YOUR NAME: _____

YOUR TITLE: _____

YOUR EMAIL ADDRESS: _____

APPLICANT'S NAME: _____

HOW LONG HAVE YOU KNOWN THE APPLICANT? _____

IN WHAT CAPACITY? _____

Please rate the applicant in the following areas:

	OUTSTANDING	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE	NEEDS IMPROVEMENT
MUSICALITY					
TECHNICAL PROFICIENCY					
MUSICAL TONE QUALITY					
RHYTHM					
ABILITY TO WORK WITH OTHERS					
INTEGRITY					
WORK ETHIC					
POTENTIAL FOR PURSUING A CAREER IN MUSIC					

Please provide any additional comments about the applicant:

SIGNATURE: _____ DATE: _____

Please email a PDF of your completed recommendation form to summermusiccamps@wcupa.edu. Completed forms are due by May 30, 2027.