

Sedona Jazz on the Rocks/NAU/Berklee College of Music Summer Performance Program Music Teacher Recommendation Form

This recommendation must be completed by a private music teacher or band/choir director and returned to SJOR with a postmark date no later than March 24, 2008.

Student Name: _____

Teacher Name: _____

Teacher Mailing Address: _____

Teacher phone number: _____ Teacher email: _____

How long and in what capacity (private student, band/choir member) have you known the applicant?

Please assess the applicant's abilities on her/his principal instrument or voice including comments on the following: intonation, technique, rhythm reading, sight reading, improvisation, interpretation, commitment to study and overall musicality. Attach extra pages if needed.

Please assess the applicant's knowledge of music theory, including comments on the following: treble and bass clef reading, key signatures, major/minor scales and modes, intervals, and chords. Attach extra pages if needed.

Please state any additional information about the applicant's musical abilities or attitude that you feel may be helpful for the screening committee to know.

Teacher signature

Date

Thank you for completing this form. Your comments and observations will remain confidential. The teacher recommendation and student application forms must be ***post marked by March 24, 2008***. Mail to:
Sedona Jazz on the Rocks - Scholarship Auditions, 2020 Contractors Rd., Ste. 5, Sedona, AZ 86336.