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NEW YORK SUMMER MUSIC FESTIVAL
www.nysmf.org

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INFO@NYSMF.ORG

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WWW.NYSMF.ORG

Please ensure your email address is complete, correct, and legible. All NYSMF correspondence is sent via email.

TEACHER RECOMMENDATION FORM • 2013

Student's Name _____ Date ___ / ___ / _____

The individual listed above is applying for admission to the New York Summer Music Festival (NYSMF). A recommendation is required for admission to the Festival. Please either return this completed form to the student; fax it to us at (888) 632–3221; or email it to application@nysmf.org. General recommendation emails based on this form are also acceptable. If you require more information about our program, please visit our website (www.nysmf.org) or contact us for a copy of our brochure. Thank you for your assistance.

Teacher's Signature _____ Date ___ / ___ / _____

Teacher's Name _____

Address _____

City _____ State _____ Zip Code _____

Phone (____) _____ E-Mail _____

School Name _____

Address _____

• How long have you known the student? _____ YRS

• What is your relationship to the student?

❑ Music Teacher ❑ Ensemble Conductor ❑ Private Lesson Teacher ❑ Other _____

Musical Ability	Superior	Excellent	Good	Fair	Weak	N/A
Basic Talent	❑	❑	❑	❑	❑	❑
Technique	❑	❑	❑	❑	❑	❑
Rhythmic Sense	❑	❑	❑	❑	❑	❑
Musicality	❑	❑	❑	❑	❑	❑
Intonation	❑	❑	❑	❑	❑	❑
Sight Reading	❑	❑	❑	❑	❑	❑
Potential	❑	❑	❑	❑	❑	❑

Personal Qualities	Superior	Excellent	Good	Fair	Weak	N/A
Responsibility	❑	❑	❑	❑	❑	❑
Self-Discipline	❑	❑	❑	❑	❑	❑
Cooperation	❑	❑	❑	❑	❑	❑
Social Maturity	❑	❑	❑	❑	❑	❑
Enthusiasm	❑	❑	❑	❑	❑	❑
Initiative	❑	❑	❑	❑	❑	❑

Comments

_____

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(please continue on back if needed)