

TEACHER RECOMMENDATION FORM

INSTRUCTIONS

STUDENT

1. Complete PART I of the form
2. Select **Save As** and save the PDF with your information embedded
3. Forward the PDF to your instructor to complete the form

TEACHER

1. Complete PART II of the form
2. Select **Save As** and save the PDF with your information embedded
3. Send the Saved PDF to gingerymackscholarship@gmail.com

Alternatively, if technology isn't your thing you may print the PDF you received from the student, complete Part II and mail it to :

Gingery-Mack Music Scholarship Fund
15 Tranquil Ave Greenville, SC, 29615

Thank you very much for your assistance!

All PDF forms have fillable fields if opened in your browser or Adobe Acrobat. Please fill out electronically and select Save As in your menu. Add your full name to the end of the file name and save.

Submit all the required application materials at one time to:

gingerymackscholarship@gmail.com

GINGERY·MACK

MUSIC SCHOLARSHIP FUND

TEACHER RECOMMENDATION FORM

PART I: To be completed by **Applicant**. Please furnish all requested information, Save As, and send to your recommender.

APPLICANT NAME

| | | |
|------------|--|-----------|
| | | |
| FIRST NAME | | LAST NAME |

Under provisions of the FERPA Law of 1974, this applicant will have access to this information unless he/she has waived the right for such access. (WAIVING your right is recommended for greater accuracy of recommendation comments.)

| | | |
|---|-----------|------|
| <input type="checkbox"/> I WAIVE MY RIGHT TO ACCESS THIS RECOMMENDATION | | |
| | SIGNATURE | DATE |
| <input type="checkbox"/> I DO NOT WAIVE MY RIGHT TO ACCESS THIS INFORMATION | | |
| | SIGNATURE | DATE |

PART II: To be completed by **Recomender**. Please furnish all requested information and send to the Gingery-Mack Music Scholarship Fund as soon as possible.

1. This applicant is being compared to the following:

- Secondary music students I have taught.
- Undergraduate music students I have taught.

2. Please rate this student in the following areas:

| | LOWER 50% | UPPER 50% | UPPER 25% | UPPER 10% | TRULY EXCEPTIONAL |
|------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Basic Musicianship _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Performing Ability _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Potential for Musical Growth _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Perseverance _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Work Ethic _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Receptiveness to Instruction _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Musical Creativity _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Displays leadership _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Cooperation _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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3. Please indicate the strength of your recommendation by checking a box below:

HIGHLY
RECOMMEND

RECOMMEND

RECOMMENDED
W/ RESERVATIONS

NOT
RECOMMENDED

If your recommendation is “with reservation” or is “not recommended,” please provide a word of explanation in the space provided.

4. Further written comments about this applicant will be much appreciated and will provide additional information regarding the strengths of this candidate. Please be candid about the applicant’s strengths and weaknesses.

SIGNATURE

PRINT NAME

POSITION / TITLE

PHONE NUMBER

NAME OF INSTITUTION (if applicable)

ADDRESS

CITY / STATE

ZIP