



TURTLE BAY
MUSIC SCHOOL

THE SATURDAY MUSIC PROJECT

PERSONAL RECOMMENDATION FORM

(TO BE COMPLETED BY AN ADULT OTHER THAN A PARENT/GUARDIAN. EXTENDED FAMILY IS ACCEPTABLE.)

TO THE STUDENT/FAMILY: Please complete the first line and then give this form to your recommender.

The completed form may be included with your application, or may be sent separately.

STUDENT NAME

FIRST

MIDDLE

LAST

To the Recommender: The above student is applying for a place in Turtle Bay Music School's Saturday Music Project (SMP). SMP is a highly-competitive, four-year music education program offered to motivated and dedicated students (entering grades 3, 4, or 5 in the Fall) from across the five boroughs, who otherwise have little or no access to music instruction. Each student accepted into the SMP program is awarded a four year, full-tuition scholarship, and receives small group instruction in a primary instrument (cello, clarinet, flute, violin, or viola) as well as a rotating schedule of courses in our "Core Curriculum", designed to foster musicianship and give students a well-rounded understanding of music-making as an art form.

We are looking for motivated and dedicated students with an interest in music, who would benefit from participation in an enrichment program. Turtle Bay Music School and the SMP program would greatly appreciate your commentary on the applicant and family. Please be detailed and specific in answering the questions, and feel free to attach an extra sheet if necessary. WE ASK THAT YOU PLEASE RETURN THIS FORM TO TURTLE BAY MUSIC SCHOOL NO LATER THAN MAY 25, 2016. If you would like to read more about our program, please visit our website at <http://tbms.org/saturday-music-project>. If you have questions regarding this form or the Saturday Music Project, or IF YOU WOULD LIKE TO RECEIVE A LINK TO COMPLETE THIS FORM ON-LINE, please contact Katie Mazzari, Director of Community Programs at Turtle Bay Music School (212.753.8811 x221 / katie@tbms.org). Thank you very much for your assistance.

NAME:

RELATION TO APPLICANT:

How long have you known the applicant? In what context?

Please place check marks in boxes below to reflect your evaluation of the student in the following areas:

	Excellent	Above Average	Average	Below Average	No Basis for Judgment
Creativity					
Intellectual Curiosity					
Effort/Determination					
Participation					
Ability to Work in Groups					
Maturity					
Emotional Stability					
Organization					
Ability to Express Oneself					
Musical/Creative Ability					





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The Saturday Music Project is intended for students who have not previously had access to instrumental instruction, but who do have the interest to learn more about music and the arts. Has this applicant demonstrated an interest in music specifically, or in the performing arts in general? Do you feel they would benefit from a music enrichment program? Please provide examples if possible.

Have you experienced any disciplinary or behavioral problems with this applicant? If so, please describe them and comment on whether or not they may either obstruct the student's ability to function in a particular class/program or interfere with other students' ability to benefit from the class/program.

Please discuss any specific reasons you feel this applicant should be accepted to the Saturday Music Project program.

We may find it helpful to follow-up with you regarding the applicant. Please list a phone number and/or email address at which you can be reached and the times at which it is convenient to reach you.

Signature

Date

Printed Name

Phone

Email