Music Scholarship Application

Part I: To be completed by the applicant

Name of Applicant ____________________________________________________________

Under the provisions of the Family Education Rights and Privacy Act of 1974, this applicant (if admitted and enrolled) will have access to the information provided below unless he/she has waived such access.

☐ I hereby waive my right to the information recorded below.
☐ I do not waive my right to the information recorded below.

__________________________________________
Signature

____________________
Date

Return completed forms to: Crown College Music Department
8700 College View Drive
St. Bonifacius, MN 55375

Part II: To be completed by the applicant’s music director or private lesson teacher.
The above applicant is applying for a Crown College Music Scholarship.
Your comments are greatly appreciated.

1. Indicate the population with which the applicant is being compared in this rating:
   - Secondary school students
   - Undergraduates I have taught or known

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<tr>
<th></th>
<th>No basis for judgment</th>
<th>Lower 50%</th>
<th>Upper 50%</th>
<th>Upper 25%</th>
<th>Upper 10%</th>
<th>Exceptional</th>
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<td>Basic musicianship</td>
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<td>Performing ability</td>
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<td>Perseverance toward goals</td>
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<td>Contributions/commitment to a musical organization or private studio</td>
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<td>Leadership and cooperation</td>
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2. Please indicate the strength of your overall recommendation by circling one of the following:
   - *Do not recommend*
   - *Recommend with some reservations*
   - *Recommend*
   - *Highly Recommend*

3. Your written comments about the applicant will be appreciated. Please be candid regarding the applicant’s strengths or weaknesses.

_________________________________________________________________
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*Signature* __________________________________________________________

*Name (please print or type)* ____________________________________________

*Position* ____________________________________________________________

*Name of Institution (if applicable)* _____________________________________

*Address* ____________________________________________________________

   *Street* ____________________________________________________________

   *City/State* _________________________________________________________

   *Zip* _____________________________________________________________

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                              St. Bonifacius, MN 55375