



TEACHER RECOMMENDATION FORM + 2013

**NEW YORK SUMMER
MUSIC FESTIVAL
PO BOX 947
ONEONTA, NY
13820**

**PHONE
(607) 267.4024**

**FAX
(888) 632.3221**

**EMAIL
INFO@NYSMF.ORG**

**WEB
WWW.NYSMF.ORG**

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 return this completed form to the student, or mail/fax/email it directly to the Festival at application@nysmf.org. General recommendation letters 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	<input type="checkbox"/>					
Technique	<input type="checkbox"/>					
Rhythmic Sense	<input type="checkbox"/>					
Musicality	<input type="checkbox"/>					
Intonation	<input type="checkbox"/>					
Sight Reading	<input type="checkbox"/>					
Potential	<input type="checkbox"/>					

Personal Qualities	Superior	Excellent	Good	Fair	Weak	N/A
Responsibility	<input type="checkbox"/>					
Self-Discipline	<input type="checkbox"/>					
Cooperation	<input type="checkbox"/>					
Social Maturity	<input type="checkbox"/>					
Enthusiasm	<input type="checkbox"/>					
Initiative	<input type="checkbox"/>					

Comments

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

(please continue on back if needed)