



**JOSHUA EXPEDITIONS
OUTSTANDING SBACS MUSICIANS AWARDS PROGRAM**

MUSIC DIRECTOR OR TEACHER RECOMMENDATION

Applicant Name _____

School Name _____

Music Director/Teacher Name _____

Email _____ Phone (____) _____

To the recommender: This form will aid the scholarship committee in the evaluation of the above applicant for the Outstanding SBACS Musician Scholarship. The information provided below is one part of the total evaluation of the applicant's eligibility for a scholarship. If a question does not apply, write Not Applicable. If the space provided is not sufficient to answer completely, please attach a separate sheet. We reserve the right to print portions of positive evaluations.

1. How long have you known the applicant and in what capacity? _____

2. How do you rate the applicant's musical skills among all high school musicians you have taught? (Top 10%, Top 20%, Top 30%, etc...Explain) _____

3. How do you rate the applicant's music reading ability? (Top 10%, Top 20%, Top 30%, etc...Explain) _____

4. How do you rate the applicant's understanding of music theory? (Top 10%, Top 20%, top 30% etc...Explain) _____

5. What position/chair has the applicant consistently held? _____

6. In what ways have you observed the applicant putting his or her faith in Jesus Christ in action? _____

7. Other comments you have about the applicant that would be helpful for us to know (compositional skills, personal motivation, musical potential, professional promise, etc.). _____

Signature

Position

Date

Please upload electronically to the link located on the SBACS web site:
<https://www.sbacs.org/index.php/scholarships>