

# South West Music School Scholarship Package

## Teacher Recommendation

Student's Name \_\_\_\_\_

Teacher's Name \_\_\_\_\_

Instructions to teacher:

*The student named above is applying for a scholarship from South West Music School. Part of this application process includes a teacher evaluation. Please provide the following information to the best of your ability, and mail this completed form to*

***Scholarship Committee, South West Music School, PO Box 199, Beaverton OR 97075-0199.***

*We need to receive your completed form before September 15.*

In what capacity do you know the student? (i.e., public grade school teacher, day care provider)

If you teach a specific subject, what is it?

How long have you known this student?

Please comment on the student's classroom participation as well as you are able. If you are a music teacher, please comment specifically on music ability (pieces completed, etc.)

*You can find out more about us at [www.swmusicschool.org](http://www.swmusicschool.org).  
Feel free to call us at (503) 292-4430 if you have any questions.*