



Section (C) Teacher's Recommendation Form *(To be completed by the Teacher)*

Student's Name

Instrument

School

Graduation Year

THIS SECTION TO BE COMPLETED BY THE TEACHER

This Teacher's Recommendation Form is required for students applying for a scholarship to attend the Jazz Academy's JAM Camp. The Jazz Academy of Music offers scholarships based on both financial need and musical ability. Scholarship applications will be reviewed on June 1st.

Please complete the information requested below and return to Jazz Academy of Music, P.O. Box 6744, Silver Spring, MD 20916 or Email: coordinator@jazzacademy.org
Please call 301-871-8418 if you have any questions.

Please rate the student in the following areas:	Excellent	Good	Average	Below Average
Musical Ability				
General Intelligence				
Ability to Listen				
Learning and Comprehension Skills				
Positive Attitude				

Comments: _____

Teacher's Signature

Date

Printed Name

Daytime Telephone

(Next, complete section "D")