

**2009 Missouri Chamber Music Seminar
STUDENT APPLICATION**

Name _____ Age _____ Date of Birth _____

Street Address _____ Gender: M | F

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Name of Parent(s)/Guardian(s) _____

E-Mail Address (please list all e-mail addresses to be used - student's and parents')

Instrument _____ Years of Study _____

Name of Current High School or College _____

Name of Teacher _____ Teacher's Phone/email _____

List specific chamber works/movements you have studied/performed in the past two years.

Audition Method (please check one): By Video By Audio

*Please enclose your video/audio recording with this application.
(Video/audio CDs/tapes must be of high quality, but need not be professionally produced.)*

**2009 Missouri Chamber Music Seminar
Teacher Recommendation Form**

Student's Name: _____ Student's Instrument: _____

Dear Music Teacher:

The student listed above is applying for admission to the Missouri Chamber Music Seminar. Your candid assessment of this student's musical development and potential will be very helpful in the selection process. This information is confidential. Please complete this form and return it to the student in a sealed envelope. Thank you.

How long have you known the student (years)? _____

In what capacity have you taught the student?

Ensemble director Name of ensemble _____

Private teacher List instrument _____

Other Please specify _____

Please assess the student in terms of skills and potential in the following:

	Below Average	Average	Good	Excellent	Outstanding
Musicality/Phrasing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rhythm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pitch/Intonation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accuracy in Performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sight-Reading Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tone Quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please assess the student's attitude in regards to:

	Below Average	Average	Good	Excellent	Outstanding
Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discipline/Preparation for Lessons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude Towards Criticism/Assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Have you seen this student interact with other students? Yes No

If yes, how does the student interact? Very well Above normal Average With difficulty Keeps to self

Please add any additional comments on the back of this form.

This confidential statement is made by: _____ Position: _____

Phone: _____ Email: _____

Signature (required) _____ Date: _____

TEACHER'S INSTRUCTIONS UPON COMPLETION: Please place this completed form in a sealed envelope. Please PRINT the student's name on the front of the envelope. Please write your signature across the sealed portion of the envelope and return the envelope to the student. Thank you.