Lutheran Summer Music Academy & Festival

Personal Recommendation for Student Applicant

Application cannot be processed without this form. Please return to: **Lutheran Summer Music Admissions**
Address: 122 W. Franklin Ave., Suite #230 Minneapolis, MN 55404 / Toll Free: 888-635-6583 Fax: 612-879-9547

To be completed by the applicant:
In application to attend Lutheran Summer Music Academy, please send my recommendation to LSM by: / / . Thank you!

Name: _____
Last First Middle

Address: _____
Street City State, Zip

Current Phone: _____ E-mail Address: _____

I hereby waive my right to view the following recommendation: _____
Signature of Applicant Date

To be completed by the evaluator:
The evaluator must know the applicant for at least six months and hold one of the following positions: Teacher, Pastor or Adult Youth Leader.

Name: _____ Position/Title: _____

Organization: _____ Office phone: _____ E-mail: _____

Address: _____
Street City State, Zip

How long have you known the applicant? _____ In what capacity? _____

Lutheran Summer Music Academy (LSM) is a four-week intensive music program for high school students. The above named person has applied for admission to LSM. LSM students take lessons, play in one of the large ensembles and a small ensemble, and take courses in musicianship and music theory. We select our students on the basis of character and musical ability/technique. Please complete the small checklist below and write a brief recommendation for the applicant addressing their personal, social, and artistic qualities. For more information, visit us online www.lutheransummermusic.org. Your evaluation will be held in strict confidence.

	Excellent	Good	Average	Needs work	Poor	Do Not Know
Initiative						
Enthusiasm						
Maturity						
Attitude						
Cooperativeness						
Self Confidence						
Energy Level						
Responsibility						
Communication skills						

Do you recommend this person for admission to Lutheran Summer Music Academy? _____ Yes _____ No

Applicant's most notable strengths: _____

Applicant's most notable weaknesses: _____

Please type or print clearly and provide any additional information that would assist us in making an admission decision.

Signature of evaluator Date