



**NEW YORK SUMMER
MUSIC FESTIVAL**
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TEACHER RECOMMENDATION FORM + Festival Year _____

Student's Name _____ Date ____ / ____ / _____

The individual listed above is applying for admission to the New York Summer Music Festival (NYSMF). A recommendation is required for admission to the Festival. Please either return this completed form to the student; fax it to us at (888) 632-3221; or email it to application@nysmf.org. General recommendation emails based on this form are also acceptable. If you require more information about our program, please visit our website (www.nysmf.org) or contact us for a copy of our brochure. Thank you for your assistance.

Teacher's Signature _____ Date ____ / ____ / _____

Teacher's Name _____

Address _____

City _____ State _____ Zip Code _____

Phone (_____) _____ E-Mail _____

School Name _____

Address _____

+ How long have you known the student? _____ YRS

+ What is your relationship to the student?
 Music Teacher Ensemble Conductor Private Lesson Teacher Other _____

Musical Ability	Superior	Excellent	Good	Fair	Weak	N/A
Basic Talent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Technique	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rhythmic Sense	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Musicality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intonation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sight Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Personal Qualities	Superior	Excellent	Good	Fair	Weak	N/A
Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-Discipline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enthusiasm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments

Please ensure your email address is complete, correct, and legible. All NYSMF correspondence is sent via email.