

## **Key Players Music Mentoring Program Student Recommendation Form**

lame:				Date:/_	/_
First	Last			MM	DD
dress:					
Street			,	Apt. #	
City		State		Zip Code	
hank you for your participatio					
tudents from elementary throu					
very excited about adding new					
children and recognize musical be a good fit for this sponsorsh					
n this sheet and add as much i				cintate the process.	i icasc ii
ir tino oneet and add as maen i	mornium as you with	ar in the space provided be			
Student Name:					
First		Last			
School:				Grade:	
Student assessment (plea	se check all that a	nnly)·			
oradent assessment (pica	se check an that a	ppiy).			
Student displays a posi	tive attitude and/or d	esire to learn music.			
Student demonstrates	un accentable work et	nic in class and can set man	1 <sub>e</sub>		
Student demonstrates a	in acceptable work en	nic in class and can set goa	15.		
Student has shown a tr	ue love of music. Plea	se provide examples:			

Recommended instrument or classes (Please list first, second and third choices):					
(Please refer to our full list of classes)					
Please use this space to describe the student and any pertinent experiences or reasons for recommendation:					
We will be involving the parent(s) in this program as much as possible, including inviting them to write their own recommendation about their student. Is there any information you have which would be helpful in this process?					
Would you be interested in receiving progress reports or attending performances by this student? Yes: No:					
Thank you again for your participation. We are looking forward to working together in this rewarding program!  Sincerely,					
Dana Vachharajani, Co-Director Katie McClave, Co-Director					

Nancy Fitzgerald, Marketing Director and Coordinator